

# THE AMERICAN JOURNAL OF NURSING

VOL. IV

JANUARY, 1904

NO. 4

## SMALLPOX AND VACCINATION \*

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SMALLPOX has been known from the earliest ages, existing in China many centuries before Christ. It was introduced into Europe by the Crusaders, and early in the sixteenth century into America by the Spaniards. A study of the disease was made by Sydenham early in the seventeenth century, and his writings are still considered good authority.

Osler says: "Smallpox is an acute infectious disease, passing through the stages of papule, vesicle, pustule, and crust. The mucous membrane is usually affected. Severe cases are complicated with cutaneous and visceral hemorrhage."

Smallpox is caused by a specific poison whose nature remained obscure until May, 1903, when Professor W. T. Councilman announced his discovery of the organism, a protozoan, at present unclassified, with a definite cycle of development consisting of two stages: In the first stage the organism is extranuclear and presents itself as a small, homogeneous body in the protoplasm of the epithelial cell; with growth the body becomes irregular in outline and resembles an amoeba; with age it breaks up into numerous dots or rings. This closes the first stage in the life of the protozoan. The newly formed bodies may repeat the first stage by infecting other cells, or may enter the nucleus and pass through the second stage, which is looked upon as sexual. The first stage is supposed to be characteristic of vaccinia and cowpox, while in smallpox both stages are found together.

The spores are found in countless numbers in the ripe pustule, and when the latter dries and falls off may be widely scattered.

The disease is common to all ages and conditions, and is usually

\* Read at a meeting of the Alumnae Association of the New England Hospital.

fatal in children and the pregnant. In the Montreal epidemic of 1885 eighty-six per cent. of the cases were children under ten.

Boston reports a preponderance of male over female cases, owing, possibly, to the greater exposure of men employed in shops and stores.

In Pittsburg during the winter of 1892-3 most of the cases occurred in young men, who came to the city for employment unprotected by vaccination.

#### SYMPTOMS.

The period of incubation is from twelve to twenty days. Most cases develop on the fourteenth day. During this period there may be lassitude, but no other symptom.

The period of invasion is ushered in with chills, severe headache, backache, insomnia. Temperature, 101 to 105° F. Pulse rapid; constipation; tongue dry, and often sore throat.

The eruption appears on the third or fourth day, beginning as macules, first appearing on the forehead and hands; in several hours the eruption will have spread rapidly. With the appearance of the eruption there is a lessening of fever and other symptoms.

On the fifth to the sixth day the macule becomes a vesicle, which in time is umbilicated; at this stage there is intense burning and itching.

On the eighth day the vesicle becomes a pustule; at this stage there is a rise of temperature and delirium is often present; this is the critical stage, and many complications may arise.

In favorable cases the secondary fever lasts about forty-eight hours, when it subsides, the pustules rupture, and desiccation begins. Convalescence is established between the third and fourth week.

Death results from action of the poison on the nervous system, usually at the end of the second week or at the height of the eruption. Those suffering from the hemorrhagic type may die before the rash develops. The contagium develops in the system and is found in the pustules, secretions, and exhalations of the lungs.

The dry scales are an important element of danger. The disease is said to be contagious from the early stage, although it has not been determined whether the contagium is active before the eruption develops. Some authors believe that there is little danger during the early stage. Smallpox occurring in the wards of general hospitals and cared for by the nurse until the appearance of the eruption without becoming infected would be an argument in favor of the latter opinion.

The disease is spread by contact, direct or indirect, through letters and money, clothing, air, insects, and domestic animals.

Some of the complications are pneumonia, bronchitis, and rheumatism; keratitis is frequent, and cellulitis and abscess are frequent sequelæ.

There are four varieties of smallpox: discrete, confluent, hemorrhagic, modified smallpox or varioloid.

In the discrete form the eruption is well separated and the papules are few in number; in the confluent the eruption is so thick that large masses are formed, the surface is much swollen, and when desquamation takes place the crust often takes the form of a mask. In the hemorrhagic form the surface is blue, and this form is always fatal. Varioloid is smallpox modified by vaccination. The symptoms are not severe and the eruption is light.

There exists another form,—a rare condition,—namely, the patient passes through the prodromal and incubation period, and when the eruption should make its appearance there is an absence of it and rapid recovery.

#### TREATMENT AND PREVENTION.

*First. Protection by Vaccination.*—Inoculation was introduced into Europe in 1718 by Lady Mary Wortley Montagu and into America in 1721 by Dr. Boylston, of Brookline, who inoculated two hundred and forty-seven persons. For this practice he was threatened with hanging. Colonial history contains many allusions to letters congratulating friends on their successful recovery from smallpox after inoculation. The Rev. Cotton Mather extolled the practice from the pulpit, and a nephew of the divine, a physician of Dorchester, was almost mobbed for advocating the measure. This occurred eighty years before the discovery of vaccination, the discovery of which has made Dr. Edward Jenner's name immortal.

Jenner's attention was first called to the subject by the remark of a milkmaid, who said, "I can't take smallpox, for I have had cowpox;" this was the prevailing idea among the country people, and was the beginning of investigations covering a period of twenty-two years, and resulting in one of the most important discoveries of preventive medicine. Before Jenner's discovery every tenth death was due to smallpox and one-fourth of the people were disfigured by it. James Phipps, a boy of eight years, was the first person vaccinated by Jenner. The virus used was taken from a vesicle on the hand of a milkmaid named Sarah Nelms, who had been accidentally infected while milking a cow. This occurred on May 14, 1796, a day annually set apart as a holiday in Germany in commemoration of the discovery. In July of the same year Jenner tested the efficacy of this vaccination by inoculating the boy with smallpox matter taken from a patient suffering with that disease, but no result followed. He was inoculated with smallpox matter as often as twenty times, and was found to be immune each time.

Vaccination was introduced into America by Dr. Benjamin Water-

house, of Boston; he vaccinated his son on July 8, 1800, the first person vaccinated in America.

President Thomas Jefferson devoted time and money to the spread of the discovery in the Middle South.

A study of health reports will convince the skeptic that vaccination has been of untold value in saving life.

The Municipal Hospital of Philadelphia reports that of its twenty-six hundred smallpox patients of the last two years not one had been successfully vaccinated.

According to the Boston Health Report smallpox prevailed to a greater extent in 1901 than at any other time since the winter of 1872-3, when during about eight months more than one thousand deaths resulted. From 1840 to 1873 there were in Boston two thousand nine hundred and forty-three deaths from smallpox, an annual average of 89.33. From 1874 to 1900 there were but sixty-three deaths, an average of 2.33. During these twenty-seven years of relief vaccination was neglected, and few physicians became sufficiently familiar with the disease to recognize it, even in mild form.

With the exception of a little flurry of smallpox in 1894, when a moderate amount of vaccination was secured, this prophylactic measure had been but moderately used, so that the larger portion of the people were in a receptive condition for the disease. Another factor in spreading the disease was the mildness of the attack, many of the cases being unrecognized and not reported.

The disease appeared in mild form in May, and was not recognized until several severe cases had resulted. Within forty-eight hours twelve cases were removed to the hospital. This outbreak was soon ended, but another and another occurred in different parts of the city. All known cases were quickly removed to hospital and all precautions taken. In spite of preventive measures, the number of cases increased to twelve in August, thirty in September, forty-nine in October, one hundred and ninety-five in November, two hundred and ten in December, and one hundred and seventy-seven in January. Total from February 1, 1901, to February 1, 1902, four hundred and one males and two hundred and eighty females, or six hundred and eighty-one cases. All but five of these were removed to hospitals. 15.85 per cent. resulted in death. Four of the five treated at home died. Of the six hundred and eighty-one cases two hundred and ninety-two showed evidences of vaccination; three hundred and eighty-nine showed no evidences of vaccination. Number of deaths among vaccinated, twenty-seven; number of deaths among unvaccinated, eighty-one.

During this time the Board of Health through the press and let-



ters to railroad companies, mercantile and other establishments, advised vaccination. On December 26 orders were issued for the vaccination of all inhabitants of Boston. The number vaccinated was four hundred and eighty-five thousand.

In Pittsburg, Pa., during the past year 80.53 per cent of the cases of smallpox were unvaccinated. Of eight hundred and fifty-three cases reported one hundred and twenty-one were below six years of age and six from six to sixteen years.

A Montreal health report shows that smallpox prevailed from 1870 to 1875. Animal vaccination was practised and the city was free until 1885. Gradually vaccination fell into bad repute, and for ten years the population was unprotected, when a case was imported from Chicago, which became the nucleus of an epidemic causing in nine months three thousand one hundred and sixty-four deaths.

In Germany, where smallpox had decimated the population, thorough vaccination has practically stamped out the disease.

Every nurse should become familiar with the technique, after-care, and phenomena of vaccination.

The hands of the operator and the skin of the patient should be surgically clean, and a sterile instrument should be used for scarification. The arm of the patient should be scrubbed with soap and water and alcohol. A shield may be used until the vaccine is dry and for the first twelve hours; this may then be replaced with a sterile gauze dressing held in place with adhesive plaster or collodion or a cotton cocoon. Oil should not be applied. Dry powder will often relieve the itching.

The third day after vaccination a papule will appear. This is followed by a vesicle with depression, and again by a pustule with a reddish areola. By the fourteenth day a scab is formed, which is detached about the twenty-first day. There may be severe constitutional symptoms ranging from a slight malaise to severe pain, high temperature, rash, and prostration. Should there be undue swelling with pus, the wound should be treated as in other surgical conditions.

During the years 1901-2 some cases of tetanus appeared in the vaccinated, and several of these were attributed to impure virus. The matter was investigated by Dr. McFarland, of Philadelphia, who reported that "Tetanus is not a frequent complication, and is to be avoided by using greater care in the preparation of the vaccine virus."

Dr. T. M. Rotch says, "Vaccination should be done about the age of three months, avoiding the dental period, and repeated at puberty."

In smallpox epidemics vaccination should be practised until vaccination results; an old vaccination will not secure immunity.

Vaccination in the prodromal stage of smallpox or after exposure

will often result in a mild case. But few cases appear in almshouses, general hospitals, and similar institutions where vaccination is compulsory.

The treatment of the patient is largely symptomatic. Diet, as in all septic conditions, should be very nutritious and digestible. It may consist of milk, egg-nogg, strong broth, and beef-juice; gruel, to which should be added juicy fruits; oatmeal- and barley-water and large quantities of pure, cool water. Coffee often is useful for a stimulant.

Osler uses baths, cold and tepid, sponge and tub, to maintain cleanliness, lower temperature, and lessen delirium. Some physicians omit to prescribe baths; they say the crust disappears more rapidly if kept dry. The face, neck, and hands are sometimes covered with lint wet in a weak disinfectant, which may be warm or cold.

The treatment of cases in the Municipal Hospital in Pittsburg may be divided into elimination and stimulation. From the first the bowels are opened with salines and the kidneys by diuretics. Whiskey and strychnia are used for stimulation. Heart stimulants are used when indicated. The eyes are put at complete rest with atropine, and at the earliest symptoms of ulcer hot compresses are applied; usually the eye symptoms subside with faithful treatment, but the care of the eyes is an important factor in the nursing of this disease. Mouth, throat, and nostrils are kept clean with sprays and gargles. Carbolated vaseline is used ad lib. to relieve the itching. Disinfectants, usually coal-tar products, are used to disinfect floors, vessels, etc.

The patient is brought to the hospital in the ambulance upon the bed upon which he has been ill. When the patient has been put in bed, his bed, clothing, etc., are put into a specially constructed sterilizer and subjected to both steam and dry heat. Clothing worn by the patient is usually destroyed, and when the patient leaves the hospital he is provided with suitable clothing. Great care is taken to remove the dry particles of skin. This is a very tedious procedure and also important. Before being dismissed from the hospital patients are given several antiseptic baths, and alcohol is freely used to cleanse the skin.

The Philadelphia Health Department removes the inmates of infected houses to the Municipal Hospital. They are first taken to a room where all their clothing is removed. The body is then cleansed by a special bath, and they are passed to a third room, where the garments, now thoroughly disinfected, will be returned to them. They are then vaccinated and allowed to go at pleasure. If vaccination is refused, the usual quarantine is enforced.

The disinfectors are sent to the infected houses with cultures of smallpox, scarlet fever, and diphtheria. These are placed in inaccessible

places. The house is sealed and the disinfecting gas applied. After the proper time the cultures are examined by the bacteriologist, and if there is any trace of life the disinfection is not considered perfect.

Unless fumigation is done perfectly it is worse than useless, for it gives a false sense of security.

The nurse called to care for those suffering from this disease should be an immune or protected by vaccination. She should be in perfect health and able to carry out the technique usually employed for contagious cases.

Sheets, towels, and personal linen should be first disinfected with carbolic and then boiled one hour. Sweeping should be done with a broom covered with a cloth wet in disinfectant solution. The cloth and sweepings should be burned at once; handkerchiefs, dressings, and uneaten food may also be burned.

Secure good ventilation, but protect the patient from draughts. Strong sunlight should be excluded, and the patient's eyes further protected by dark glasses and screens about the bed.

If the patient is delirious, cover the hands with mittens to keep him from scratching.

The odor is best combated with carbolic or some of the preparations of phenol.

Nothing must be removed from the room until disinfected or fumigated. Sheets wet in carbolic may be hung at the doors.

"The cost of an epidemic of smallpox is incalculable. Much must be expended for ambulance and hospital service, house disinfection, and quarantine of exposed persons and public conveyances."

The loss to private and national wealth can hardly be computed. The State fixes the cost of one life at five thousand dollars. The greatest loss is that life itself and the great number of those who are made infirm, blind, and crippled.

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### THIRTY YEARS OF PROGRESS \*

BY LINDA RICHARDS

WE this evening celebrate the thirtieth anniversary of this Training-School, of the Massachusetts General Hospital, and you have conferred upon me the honor of saying a few words to you upon this happy occasion. I have been asked to say something of what training-schools have accomplished in large general hospitals, of the work done in the small hospitals,

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\* An address given at the thirtieth anniversary of the organization of the Training-School of the Massachusetts General Hospital.

and of what is being done in some special hospitals. But first let me thank you for the honor you have given me. I sincerely appreciate it, and for it you have my heartfelt thanks.

I wish to congratulate you upon the great and widespread good this school has accomplished in its thirty years as well as upon your standing, second to no other school in this broad land. Much you have to be proud of. What school can boast of more able women than this? What school has given to other hospitals more efficient workers than this? From the Atlantic to the Pacific coast they may be found in charge of hospitals or schools, and also from the North to the South, and far away in the Orient, and wherever they are found they are proving a credit to their school and to our profession.

This is a favored school, well spoken of and respected by sister schools, and in its prosperity it can afford to look backward to its small, insignificant birth and early childhood. It had not an altogether happy lot in its early years. It was a foster child, not wished for, and given the worst wards of the house to care for, and the sins of omission and commission of the entire nursing force of the hospital it was often made to bear.

But adversity often is the means of developing sterling qualities, and who can say that the strength of character of some of the first graduates was not in part the result of and developed by their surroundings here? These women felt deeply the responsibility resting upon them. Each bore well her part, and it was due to their most excellent work, as also to their dignity and womanliness as nurses, that the people who at first were our sworn enemies came to be our very warmest friends. We find women by their daily lives raise the standard of communities in which they are placed, so refined, educated, earnest women placed the nursing service and hospital upon a much higher plane than it had ever before attained. The very people who had said "the nursing of the Massachusetts General Hospital could not be improved upon" were from their own observation forced to confess themselves mistaken. A man well known to many of us once said of a nurse, "Miss Blank has taught me what a lady can do for the nursing profession," and training-schools and trained nurses have shown to the public what cultivated women with high ideals can do for our profession.

Just for a moment let us compare the work of to-day, which we all know so well, to that of the time when there were no training-schools. The old-time nurses had very few ideas higher than that of having presentable wards. That was well as far as it went, but it stopped there. If time allowed after the ward was in order, and if the nurse felt the inclination, which she seldom did unless she was a superior woman of her

class, she might do some little offices for the patients. But that she had no real knowledge of their condition is proved by an instance which came under my own observation which I would like to relate.

In one of the large hospitals where I was organizing a training-school in those early days, before I had really taken hold of the work but was finding my bearings before making changes, I was making rounds one morning when, upon entering a ward, I saw at a glance that a man in a bed near the door was dying. The nurse stood near, in full view of the man's face, quietly doing her morning's dusting, and doing it well. I stepped to the bedside, examined the patient's pulse, wiped the dampness from his face, and then, going back to the nurse, who was still dusting, I inquired, "How long has this man been in this condition?" She looked up with a very blank expression on her face and asked, "What condition?" I said, "Do you not know that this man is dying?" She answered, with surprise, "Why, no!" I instructed her to send for the doctor at once, place the screens around the bed, and to stay with him as long as he lived, and passed on. Later in the day, when I made rounds again, as I entered the ward the nurse came to me and said, "Miss Richards, would you mind telling me how you knew that man was dying?" I asked her how long she had been in that ward, and she answered, "Two years." Then I said to her, "You have been in this ward where men are constantly coming in and where not a few die all the time," and she said again, "Yes." "Then will you tell me how you could have been in this ward all of that two years and not be able to know when a man is dying? I will tell you how I know when a man is dying: I have learned by caring for my patients, by carefully watching them and observing the changes from day to day and from hour to hour, and by being interested in each and every one of them as human beings dependent upon my care.

This will give some idea of the quality of the nursing before training-schools were organized. Do we wonder that a doctor once said to me, "I do not see how hospitals could be run without training-schools"? And thus by training-schools a very great and glorious change has come to the large general hospitals.

What of the small hospitals, which of late years have multiplied so rapidly throughout our land? Could they exist and bear the enviable name they do but for trained nurses? Hardly, for each of these small hospitals has at its head a graduate nurse. If the hospital is very small, the nursing force will be found to consist of graduate nurses only, and we can easily see why the nursing is of so high a character. These small hospitals pride themselves upon the excellent care they give their patients. In some of the larger of the small hospitals will be found good training-

schools,—schools which compare favorably with those of the large hospitals,—and in them will be found women as refined and well educated as those in the larger schools, the work in these hospitals being as varied and the hospitals as well equipped with up-to-date appliances, the methods used being the same as in our largest and best city hospitals. These small hospitals are a necessity and a very great blessing to the country, and they have given to the nursing profession some very able nurses. They do a most needed work, and this our profession has done great things for.

We now come to another class of hospitals, the problem of which has not been fully settled as yet. We have in our midst many large State hospitals for the insane, in which nursing has been of the same class as that in the general hospitals before the organization of training-schools. Better nursing is and has for a long time been a necessity. The only way to secure it seems to be by the organization of training-schools. The question has been, Can nurses receive any kind of training in these hospitals? When I took up the work in insane hospitals I said, Only special training. I have been for nearly five years in this branch of work. I am changing my mind. I find where a training-school is to be found a woman who is a graduate of a training-school of some general hospital is at its head. This same woman brings with her ideas which she puts into practice. She finds, and so do the doctors, plenty of sick people—physically sick, I mean—who need to be cared for and whose care must be the same as that given to sane people under the same conditions of illness. The patient is for the time forgotten and the nurse cares for a sick man or woman. These hospitals, being large, like small communities, say of from six hundred to twenty-four hundred people, will have among them many really sick. They have the same diseases as the sane. We will find in nearly every State hospital an up-to-date surgical department which is often in use, rooms for the treatment of gynecological cases, of which there are many, occasional obstetrical cases are found, and all these are cared for as they are in other hospitals. The care of the insane calls for a special training, of course, and here the nurses become experts in hydrotherapy. That these schools turn out good nurses may be proved in one instance which I will mention. I have to-day as supervisor of five of our very worst wards a graduate of the Danvers Training-School. All kinds of emergencies are constantly arising, and I have yet to meet one to which she has not proved herself equal. In these hospitals training-schools are new. They have their work to do. But they will raise the standard of the nursing and of the hospitals, as they have done in the general hospitals; and, as in general hospitals, each year will see the schools better than the preceding year.



Material for experience is not wanting; opportunity for practice is abundant.

Schools are a necessity. Training-schools in the past thirty years have, as we have seen, done much for hospitals. But they have done more than this. What a blessing have trained nurses been in the homes of the rich and in the hovels of the poor! Who can estimate the good done in almshouses, tenement houses, schools, college settlements, in missions, and in the army? Let us not forget the hundreds of children who have better mothers because those mothers were first nurses, then wives and mothers.

Wherever we turn we see the fruits of the labor of the trained nurse. This school has in its thirty years given nurses to all branches mentioned. It has been very abundant in good works. May its future far exceed its past! May each year's work be crowned with additional glory?

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### THE SHORTCOMINGS OF THE TEACHINGS AND METHODS OF THE PRESENT TRAINING-SCHOOLS FROM THE STANDPOINT OF THE GRADUATE NURSE ENGAGED IN INSTITUTIONAL WORK \*

By ANNE S. BUSSELL

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IN all professions and scientific pursuits there is to-day a decided movement towards specialized work, also towards a more general culture of the individual.

The need of such movement in our profession has been felt by many nurses, more particularly, perhaps, by those engaged in institutional work.

These nurses, the actual teachers of nursing, have not only desired, but have striven for, a high standard in the profession and higher education in the women who enter it.

With the present great demands on their time, strength, and mind they realize the impossibility of attaining by study or any other method the varied knowledge now necessary to come up to the teaching they themselves have striven to provide for their pupil nurses.

It is becoming manifestly impossible that one woman can be or do all that is increasingly demanded of the nurse by the world at large and by those of her own profession.

\* Prize essay.

Therefore it seems illogical to try to teach every nurse all that is included in our profession. The general teaching—the foundation, as it were—must be the same and must be thorough.

If the increase in the variety and scope of work undertaken by nurses be as great in the next as it has been in the past few years, there must of necessity be some division made along very definite lines. Yet our nurses—as taught now—could not be prepared for specialized work, for the knowledge sought to be instilled is too diffuse, too superficial.

While the general training must be the same, could there not also be some teaching in definite branches of the profession given while the nurse is under the direction and control of her superintendent, who could aid her choice of a special vocation? Otherwise we rely on the spasmodic effort of the nurse after graduation to find her own work and to fit herself for it, often by sad experience, if, indeed, she be fortunate enough to find it.

Should we not be prepared to lead the individual mind, rather than to insist on all nurses taking the one general course. The necessity, however, for a true balance must not be forgotten, for specialized work may be very narrow unless this tendency be corrected by study in other branches.

The deficiency of the present system is apparent in the slight appreciation of cleanliness, in inattention to detail, dislike of domestic as compared with purely professional work, decrease in personal enthusiasm over work and in loyalty to superior officers. Also in there being no aim beyond that of graduating. Individual study and research is almost unknown. Of this much is probably due to the need felt by the nurse of a large superficial knowledge, that she may pass in all subjects sufficiently well to graduate. Much is also due to the lack of teachers, of directed study, and of incentive to careful study and work. Also must be included the placing of undergraduates in charge of wards when insufficiently prepared for such responsibility, and the little time that can be spent in teaching by head nurses, graduate or pupil, if they satisfactorily perform the other duties of their position.

To remedy this, at least in part, women intending later to enter the nursing profession should have some preparatory course. For this a preparatory school has been suggested. This, for women not college-bred, would be a great help. But the idea is, after all, a narrow one. Why should not every college for women add such a course to its curriculum, the course to be elective and a degree given to those women meeting satisfactorily the requirements of the faculty?

Colleges are already well equipped, are known and recognized as teaching centres, the chief advantage, possibly, being the diversity of

thought and method induced in this way. Progression follows from friction in thought, not from a calm acceptance of the same idea by all.

Then the existence of other studies and amusements tends to a more normal grasping of the professional idea than could be obtained in the preparatory school. With this groundwork the college woman may live some years at home, and be better prepared by the advantages of such social experience for her later hospital work.

The woman from the preparatory school is already prejudiced by a year of work and study of one character; then comes for three years more of the same instruction combined with more arduous work. All applicants should be, on entrance, required to pass an examination at the hospital before the applicant is admitted as a pupil nurse.

In the educating of our nurses we might also bear in mind the definition of a cultured woman lately given, "a woman of quick perception, broad sympathies; responsive but independent; self-reliant but deferential; loving truth, but also understanding moderation and proportion."

One of the essentials of culture to-day is "a general knowledge of many things, and a real mastery of one or two."

That dexterity in manual labor increases the mental activity and power is very generally recognized. It has been said that "an educated man is governed by two passions, one for knowledge, one for being of service, of doing good." In our profession both knowledge and service are needed.

In the present reaction to the unnecessary manual labor of the past we have eliminated too much from the instruction of our pupils, and this so far is not replaced by theoretical work. Would not a rational amount of practical domestic instruction be of value to the nurse, particularly if she intends to fit herself for institutional work?

Intellectual study or work is just as important; it is a stimulus to mental power, an absolute necessity of normal intelligence.

A regular course of graded study and the election of study in the third year towards some definite aim would be of benefit. With the increasing variety of work, choice of the branch to be pursued must be made sometime. Could it not, to some extent, be made while the nurse may have opportunity of study in the line chosen under competent instruction?

The second year's examination should determine the work of the next year. Only those nurses attaining a definite high percentage should be eligible for head nurses or for other positions of responsibility in their third year.

All nurses who pass the third year examination, however, must be considered as graduates of equal standing. The profession seems to divide into three classes:

Institutional: the organizing and progressive.

Teaching: the student and writer.

Private nursing: the actual care of the sick.

Some special preparation for each class should be accorded the nurse in her last year of training. This as well as the more general instruction, both practical and theoretical, given to all should be by competent and regularly appointed teachers. They should be required to study continually in advance of the teaching desired, and must have time for this purpose. They should hold regular small clinics in the wards for theory and practice.

Head nurses should have charge of the administration of their wards in every particular, including care of their patients and the conducting of the nursing service. This comes under the direction of the superintendent of nurses and her assistants. Head nurses should have advanced study, but in keeping with their profession. They should teach small classes under direction of the teacher, each head nurse being given a definite subject to teach, and preparation in that required of her.

Lectures by the medical profession are necessary, but should be by men not merely of ability, but of progressive thought. Lectures are sometimes a little deficient in this. They ought to be given, however, so that our work may be in harmony with that of the medical profession.

Lectures by the heads of the various hospital departments on their work would be of value.

The superintendent of the training-school, now superintendent of teaching as well as of nursing, could lecture on professional ethics and other questions of the day, so giving her nurses a higher conception of the work they have chosen.

While three years have to be devoted to professional matters, the social life of the school should be thought of and directed. For this purpose the superintendent, her teachers, and head nurses should combine, and with them the officers of the class societies, so that all nurses would not merely have a part in but feel responsible for the social life of their school.

The religious element should be considered too, for both religious and social life help in the formation of character.

Such an effort on the part of a school and its officers would tend to a high standard of personal and professional honor, also to a more natural life during the hospital training, which would surely give a broader view and a better knowledge of their own profession.

**THE SHORTCOMINGS OF THE TEACHINGS AND  
METHODS OF THE PRESENT TRAINING-SCHOOLS  
FOR NURSES FROM THE STANDPOINT OF THE  
GRADUATE NURSE ENGAGED IN PRIVATE WORK \***

By BETTY EICKE

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IN summarizing the points that call for reform in our training-schools for nurses we would mention first the long hours of work, the restricted opportunities for study, and the few chances for recreation.

It is a psychological fact that when the body is taxed to the utmost the mind cannot do its best work, and the mind of a nurse is no exception to the general rule. The inauguration in many of our large hospitals of a three-years' course was certainly a step forward, but it fails of its highest good if it only mean another year in the hospital and not shorter hours of work in the wards and more time for study.

Usually the years spent in the hospital, although so rich in experience, are yet lost years as far as general knowledge of the world is concerned: newspapers can only be read by a great effort, reading for pleasure merely is almost out of the question, and though time may be given to attend church, it is of little use, for nature asserts her rights and tired eyelids droop and the weary brain refuses to receive impressions. Now, this is not as it should be; it makes a nurse narrow and one-sided, and also encourages her to gossip, for if she lose interest in the outside world, what has she to talk about but hospital affairs?

It is hard to lay down rules, as circumstances vary so in different hospitals, yet it seems as though, if the working hours are from seven A.M. to seven P.M. each day, the nurse should be off duty three hours of that time, and a whole day free from duty once every month would certainly show good effects in the renewed energy with which the nurse would return to her tasks.

If the preliminary training which has been brought to our notice within the past year should become an established fact, it would do away with the difficulty of getting all the studies and all the practical work into the hospital course. It would certainly be a great advantage to a nurse to go through a thorough course in anatomy, physiology, bacteriology, and other necessary branches of study before entering the hospital. Still, such an arrangement would have its disadvantages, for it is just

\* Prize essay.

this combination of theoretical and practical work which makes the hospital course so interesting and valuable. Book-learning by itself is easily forgotten unless constantly reviewed, and hospital work without study is apt to become mere drudgery. Besides, it seems as if a three-years' course properly arranged ought to give a nurse a very good education, providing she has commonsense and a fair general education as a foundation. No young woman lacking these essentials should be admitted.

Another custom to be criticised, fortunately not a very common one, is the sending out of nurses on long cases while in training. This is done to make a little extra money for the hospital, but it is detrimental to the nurse thus sent, for she loses her lessons and lectures and hospital experiences during that time, and gains little or nothing, since she will get enough experience in private nursing after she leaves the hospital. It is also unjust to the graduate nurse, as it takes away the work which belongs to her.

The question of paying nurses while in training has often been argued and much might be said on either side, but it certainly would tend to elevate the training-schools if no money were paid to the nurse, at least for the first year. She should be provided with uniforms and the necessary books at the expense of the hospital, but not with money. Under such arrangements the hospital would feel more duty-bound to regard the interests of the pupil nurses, and might be more willing to give shorter hours of work and more time for study and recreation.

The question of capable teachers in our training-schools has been a vital one for some time, and one of the results has been the establishment of the course in hospital economics at Columbia University. No doubt the future will show the advantage of this onward step. There can be no successful training-school without the right kind of a woman at its head. For as a mother's influence is felt in the home and the teacher's in the school-room, so is felt the influence of the superintendent of nurses in the hospital. Her character will be reflected in the conduct of her nurses and her ideals will become their guide. In all their professional life their standard of right and wrong will be governed by the teachings of their leader, she who revealed to them little by little the mysteries of this most needed art, who led them step by step with daily watchfulness, "whose guiding gave the knowledge to their brains, the cunning to their fingers, which they hold a sure and precious talisman to gain this sad world's comfort, which is more than gold."

Therefore it is not enough for a superintendent of nurses to be able to teach her pupils the practical part of nursing; that, of course, is essential, but more is needed. She must be a woman of culture and refinement, one who will be able to inspire the young women under her



charge with a high regard for their work. Aside from the regular class-work and the very necessary talks on hospital etiquette, a superintendent should never lose an opportunity to impress upon her nurses the peculiar sacredness of their calling. In no other work is it so necessary that all womanly qualities should be developed to the highest degree as in private nursing, and unless this is impressed upon the nurse while in the hospital so forcibly that she shall never forget it, there is danger of her becoming lax and indifferent when the exilement of hospital days is over, thus bringing discredit upon her profession. Thus a superintendent must not only have the present in her mind and see that the machinery of the hospital runs smoothly, but she must ever look into the future and remember what she is fitting her nurses for.

Truly great is her responsibility and great are her opportunities, for it lies with her to educate that ever-increasing host of young women who should be, and usually are, the great comforters of the world. They enter alike the houses of the rich or poor, relieving suffering, sharing burdens, bringing hope and cheer to the disturbed household. No other work calls for higher qualifications or offers richer reward. Let us make it what it should be, let us bring enthusiasm to our work, demand the highest and best in ourselves and others, and never rest content, for stagnation means death; only growth is life.

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## HYGIENE OF THE HOUSEHOLD

By EVELEEN HARRISON

Graduate Post-Graduate Hospital, New York

(Continued from page 199)

I READ lately the statement that a hot bath followed by a quiet sleep would lift years off the shoulders of any woman and make her far more attractive.

This is not, perhaps, the highest basis on which to lay a plea for the daily rest, but it is a very important thought to all women, as the question of appearance has and will always have a large influence in their lives.

Mabel A. Dean in a physical culture magazine says: "Whenever a woman seeks success, it is destined that her personal appearance shall help or hinder. . . . It is more than skin deep; it is soul deep in its far-reaching effects, which shall be felt through future generations."

If we consider a moment we will surely acknowledge that the per-

sonality of our friends has for us a tremendous influence. Is it not a pleasure to pass an hour in the company of a quiet, well-poised character, who has not wearied herself into apathy? And do we not all dread the fussy, nervous caller, who cannot keep still for a moment, physically or mentally?

The busy woman who lives in the midst of household cares, family problems, frequent company, and the limitations of a small house or apartment has urgent need of a short withdrawal of herself daily for rest and sleep.

There are two important periods in our daily lives when we require to be alone—in our communion with God and our resting time.

It is a part—and a very great part—of the rest to be shut away from other influences, no matter how congenial, and thus to relax body, soul, and spirit.

The strongest spirits of this world have lived much in solitude, and the ability to rest and be quiet alone is a necessity for the body as well as the spirit, and has to be cultivated, like all the best things of life.

There are very few "home makers" who could not arrange to put aside thirty minutes out of the long day to rest. At first it may seem impossible, but some unnecessary detail might be dropped from the daily routine. One housewife may be over-particular in having the house ordered thus or so because it is the fashion (thereby cutting all personality out of the home); another may devote much time and nervous strength in looking through the shops and being tempted with useless bargains; or an up-to-date woman may use (or misuse) her spare time in a round of woman's clubs, meetings, teas, and lectures until she becomes mentally and physically exhausted.

This little resting time is more than an obligation, it is a solemn duty, for our bodies are the caskets of our higher selves, and were given into our keeping to be preserved whole and strong, so as the better to guard their treasure.

Either just before or just after the midday meal is the most profitable time to rest (one authority states that ten minutes before is worth an hour after lunch). Shut yourself away from interruption, loosen the clothing about the waist, and lie flat on the back for half an hour.

Sleep is not always possible, nor is it at all times a necessity, but the mind may be rested and cultivated by reading good literature, for the higher up we climb on the ladder of mental improvement, the clearer will be our outlook over the field of life's duties and possibilities.

"Our bodies are our gardens to the which our wills are gardeners," says Othello, and our bodies will rise strong and refreshed if we exert our will power to give the needed relaxation.

One excuse often given for omitting a few moments' rest during the day is that one hesitates to disturb the immaculate neatness of the bed and take the time and trouble to restore it to order! The remedy for this is a comfortable sofa in the bedroom (one may easily be constructed with a cot bed, mattress, and divan cover), with a small blanket or rug to throw over one while resting. Should this not be possible, a thin blanket or old coverlet might be laid on the outside of the bed over the white spread, and a moment will suffice to slip it off and smooth out the draperies when the resting time is over. It is wise to lie with the eyes turned from the light, so that they may share in the soothing rest.

Rest before eating when overtired does not have the place in our lives that is its due. Ten minutes, even, on the back when one arrives home breathless with the nervous strain of a busy day will send one to the table in far better condition to digest and assimilate the food. I heard of one poor workingwoman who made a rule of lying down for a few minutes every evening on her return home before she touched her supper.

Women have control of their own health more than they dream of, and much of their suffering might be laid at their own doors.

Rest, exercise, fresh air, and sunshine might well be classed under the head of "preventive medicine," and if taken daily there will be far less need to have recourse to the disagreeable remedies required after the body is stricken with disease.

After rest comes exercise in the open air as an important factor in the preservation of health and personal attractiveness.

There are many women who slide into the "stay-at-home" habit (a most difficult habit to overcome), and fuss around the house with the mistaken idea that they are taking the right sort of exercise. You will seldom see cheerfulness and good-humor depicted in the faces of these stay-at-homes, and they are much given to morbid, self-centred interests.

Nothing can take the place of out-door exercise; it is entirely different from walking around the house, as each breath one draws in the pure air gives one fresh strength and courage, and the getting outside of one's own little home world will act as a wholesome tonic.

Running has been adopted lately by some of the most up-to-date women: a daily run commencing with a few yards and slowly increased to half a mile or more, the runners returning home all aglow without and within, and with grace added to their figure by the vigorous exercise of the muscles.

(To be continued.)

## NURSING OF A TYPHOID

By MARY J. REYNOLDS

Graduate New York City Training-School for Nurses

HARDLY any disease is so trying to the skill and patience of a nurse as *typhoid fever*. There are the long and weary days and nights when the temperature is running high, often delirium following, with the patient constantly refusing nourishment when you feel it is the most needed to restore him back to health; then comes the tedious convalescence, when the patient is so anxious to eat and once more get about, so that a nurse's resources are often drawn upon to the limit, making us all wish that someone would think of something that would be helpful. And then to be in charge of a typhoid case means that not only shall you carry out all the proper measures yourself, but see that everybody else does so too, and that no one either ignorantly or wilfully prevents or thwarts such measures.

The first thing to be arranged for is absolute rest and quiet for mind and body, as any exertion or excitement increases the temperature, consequently pulse-rate is increased and more strain is put upon the heart.

The patient should be in a light, airy room, as he or she does much better where there is plenty of light; and there is every reason that the room should be cheerful, for while it may not matter to us how cheerless our sleeping-rooms are, the sick-room must never be so, for when a pale, withering plant and a human being are placed in the sunlight, if they are not too far gone both will recover health and vigor in time. It is hardly necessary to add that in cases sometimes the eyes are very weak and sensitive to light, but this you can always control by shades and curtains. These curtains should be of washable material and washed once or twice a week. The bed, when possible, should be iron and the mattress hair.

The bed should never stand against the wall. It must be possible to get on all sides in order to reach all parts of the patient without stretching—a thing quite impossible when the bed is too wide, too high, or in a corner. A good, clean way to make a bed for a typhoid case is to have a piece of rubber sheeting a yard and a half wide and long enough to tuck under the sides of the mattress; over this spread cotton sheet and pin at the corners; then take half of a cotton blanket, fold, and pin to the sides of the mattress, and then over this pin the draw-sheet. This extra thickness is necessary to protect the patient's body from the irritating moisture caused by perspiration coming in contact with the rubber. Then comes the top sheet, a light wool blanket, and never a heavy spread, but a thin cotton one. All linen must be changed once a day at least.

It is impossible to give a rule for the arrangement of the pillows, but the object to be attained is to support the back below the breathing apparatus, to allow the shoulders to fall back, and to support the head without throwing it forward.

Tall patients suffer more than short ones because their long limbs drag from the waist. This can be somewhat relieved by placing a pillow to press the feet against.

The one great thing in typhoid is cleanliness; it is just as necessary to keep the skin free from all obstructing excretions as it is to renew the air. The bathing should be done on a rubber sheet, so that plenty of water may be used. Bathing in this way, the bath has quite another effect besides cleanliness, for the skin will absorb the water, thus causing it to become softer and more perspirable. Water should be fresh as well as the air about a patient; it should be soft, for when soap and hard water are used it actually dirties the patient's skin; the oil in the soap, the perspiration from the skin, and the lime in the water unite to form a kind of varnish on the skin, which when rubbed will roll up in dark flakes; so when rain or distilled water cannot be had boil all water for bathing and sponging; this will remove much of the hardness. When the bath is finished a little powder in the armpits, back of the neck, groins, and back is refreshing and destroys that odor to some extent so noticeable in typhoid.

The tongue should be kept clean with a good antiseptic solution; water, listerine, and a few drops of glycerine make a very good one. This should be used often, and always after nourishment has been taken.

The temperature, pulse, and respiration are usually taken every two or four hours, and a temperature of  $103^{\circ}$  is an indication for something to reduce it. The ways and means of reducing temperature are many, and almost every doctor has a different method, but sometimes you are left to your own ingenuity. The method below is always practical; it tires the patient the least, reduces the temperature in most cases, and causes the least commotion.

I improvise a sort of a tub on the bed. One must have a rubber sheet or oil-cloth large enough to cover the bed and to hang a few inches at the foot. I place this under the patient and over the pillow. At the sides under the rubber sheet I place a small cushion or, best of all, a Turkish towel rolled lengthwise. This places the patient in a sort of a rubber-basin on the bed. I bring the corners of the rubber sheet together at the foot, forming a channel for the surplus water to flow into a vessel at the foot of the bed. I then elevate the head of the bed a few inches by placing blocks of wood under the legs. A cold compress or ice-bag is on the patient's head. I then begin to sponge, first with tepid water, grad-

ually making it cooler, as I find ice-cold water is so very distressing to the patient to begin with; the tepid water does no harm and it is much more agreeable to the patient than to be suddenly dashed with ice-cold water. I use a large sponge, and as I sponge I squeeze out the water and flush all over the body, as if I were cooling a heated surface. When I begin to use the ice-cold water I remove the ice from the head, and if the patient is shivering much I place a hot bottle to the feet.

A bath given in this way to reduce temperature can be endured longer than a tub bath, and the patient is not disturbed except to put the rubber sheet under him and to remove it.

I never wipe the patient dry, but at the last sponge him over with alcohol and water, which quickly evaporates, leaving the skin soft and moist with a refreshing tingle.

Now is the time nourishment or some stimulant should be given. The patient will oftener take it at this time than at any other. Medical men are getting more liberal, and more things are allowed the typhoid patient of to-day than of a few years ago. There are always milk and beef-tea; there are beef jellies and beef extracts; there are oats, rice, and barley to make delicate gruels; buttermilk is very useful; egg albumen, lemon, and a little cracked ice are very good, as the coated tongue often craves something sharp to the taste.

One very important thing to remember is not to dilute things any more than necessary: for instance, if your patient is ordered four ounces of brandy in a day, how will he take that amount if you make it four pints by diluting it? It is the same way with beef-tea, milk, etc.

It requires observation and care to determine what will not be too thick or strong for the patient to take, while giving no more than he can comfortably take.

Nothing is so trying as the effort to induce a patient to take nourishment; and typhoid cases must be urged and persisted with, and it is the observation of little things that enables us to influence our patients.

Opening a window will make one patient take nourishment, or the way you pillow his head another, so that he can swallow well; bathing the face and hands with cool water another; merely passing a wet towel over the back of the neck a third. I remember once when ill the way in which a spoon was put in my mouth meant a great deal.

All nourishment must be charted, so that at the end of every twenty-four hours you will be able to know exactly how much and of what the patient is taking.

All articles of bed linen, personal clothing, anything coming in contact with the patient, when removed should be placed at once into a disinfecting solution. The best, the cheapest, and always obtainable disinfectant is chloride of lime.



The disposal of excreta and care of the bedpan is most important of all. A little chloride of lime should be sprinkled into the bedpan before it is used, and when removed from the patient sprinkle more chloride of lime and allow to stand at least one hour; then empty and scald well. A solution of chloride of lime must be kept on hand to pour into the closet, and the closet should be well flushed each time it is used.

When convalescence fairly sets in the patient has longings for food, which if indulged might lead to violent reaction or even relapse. It has happened that a single well-meant but ill-directed indulgence has ended in death. This is an exceedingly trying time for the nurse, for not only must she deal with her patient, but with officious friends, who never consider that convalescence has its degrees and its course the same as the disease, and that the after-nursing is just as important as when the patient was unable to lift the head from the pillow.

There are other indulgences besides those of the stomach: patients are apt to overexert themselves, friends often carry on long and tedious conversations, prolonged readings, error in too little or too much clothing, and one must remember that in all these things the patient is, so to speak, like a child, for neither mind nor body has recovered its tone, and for a time the nurse must guide him by her experience.

As regards infection, true nursing knows nothing except to prevent it; cleanliness and fresh air and unremitting attention to the patient are the only defence a good nurse asks or needs.

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## THE NURSE AND THE MEDICAL MAN \*

By CASEY WOOD, M.D., D.C.L.

Ophthalmic Surgeon to St. Luke's Hospital

THERE are at least two reasons why medical men are particularly interested in training-schools for nurses, and the first of these is, perhaps, the more important one, viz.: the success of the physician's treatment of a case, whether it be purely surgical, purely medical, or a combination of these, depends to a very large extent upon the intelligent coöperation of the nurse. Then, in the second place, scientific nursing and scientific medicine for the last fifty years have been so associated that we can hardly think of the one without being reminded of the other.

Before the years of the Crimean War there were faithful, conscien-

\* An address delivered to the graduating class of the St. Luke's Training-School for Nurses, Chicago.

tious, and (in a sense) trained nurses, just as there were devoted and skilful physicians, but modern professional nursing as well as modern medicine, and especially that most important of all branches of the healing art, preventive medicine, date from about the same period.

Another parallel between the practice of medicine and the art of nursing might be drawn in the fact that the beginnings of these forms of wisdom showed themselves first in the East, because you must remember that Florence Nightingale carried on her pioneer work not in Europe, but in Asia. I well remember thinking of this curious coincidence when I first saw across the Bosphorus the Scutari Hospital, where were first enunciated those rules of professional conduct whose practice we celebrate this evening. Although it is an old story, it may not be inappropriate to refer to the condition of things that prevailed when Miss Nightingale (whose eighty-first birthday was celebrated only a few weeks ago) landed on the shores of Asiatic Turkey. There she found two thousand three hundred wounded soldiers, with five hundred more coming in. Most of these, worn out by wounds and disease, lay dying on bare floors for want of the simplest attention. All the ordinary arrangements for the care of the sick and wounded had entirely broken down. As one writer tells us, Florence Nightingale at this juncture arrived like an angel from Heaven. No personality exposed to the public eye from the gloomy, ill-managed Crimean War stands out so brightly as that great woman, who brought order out of chaos, and taught the world how devoted, educated, refined womanhood could find in nursing the sick and wounded one of the noblest occupations opened to her sex.

The splendid present the people of Great Britain gave her, amounting to a quarter of a million dollars, she donated to the establishment of nurses' training-schools, and we have a right to claim that even greater in its effect upon the times than her work and example in the hospitals of the Crimea was this act, pioneering a new era of nursing in consequence of the training-schools established by her. From the seed thus wisely sown have sprung and increased a hundred fold, all over the world, noble institutions from whose doors emerge every year members of a sisterhood whose gentle ministrations are known and appreciated by us all.

There are some aspects of nursing that the public do not, perhaps, value as they might, and which I would like to refer to. It is not often considered by the patient and his friends how much more effective and how much more satisfactory are the physician's efforts to restore health than in the old days because of the increased knowledge of medicine possessed by the trained nurse. I can well remember how dubious were even members of the profession when it was proposed to expand the cur-

riculum in the training-schools. "A little knowledge is a dangerous thing," said one. "The nurse will attempt to teach us before long," said another, and so on. Altogether, it reminded me of the ancient argument against the introduction of machinery, that the handworkers would starve. I need not tell you that these anxious prophecies have not been fulfilled, and we now know that we desire to teach our graduates in nursing as much as we can, not that they may make embryo-doctors, but intelligent and, in consequence, more useful nurses, that they may the more effectively aid the medical attendant in combating disease in the pursuit of his arduous duties. That this has been the result of following such a policy is now acknowledged by most members of both professions.

It must not be supposed that because of the important relations that nursing bears to the practice of medicine either doctor or nurse should ever forget their chief *raison d'être*—the welfare of the sick people to whom they jointly minister. Hippocrates, wisest and best of all the Fathers of Medicine, long ago reminded us that we cannot go wrong if we always bear in mind the interest of our patient. Put in another way, by another Father in Healing, let us do for the sick one just that we would have done to us were our positions reversed.

I regard it as a good omen that while we are here gathered to wish "God-speed" to this band of trained nurses they are tearing down the old Black Bull Tavern in Holborn, where Sairey Gamp nursed Mr. Lewsome in partnership with Betsy Prig—"Nussed together, turn and turn about, one off, one on." I am glad to hear of the demolition of that old building in London because I feel sure that its removal is symbolic of the disappearance from the face of earth of a phase of professional nursing that has no kin with that, for example, which is typified by St. Luke's Training-School.

I have tried in these few minutes to impress upon you, from the standpoint of my *confrères*, not only the very great importance of the work you have undertaken, but to assure you that *your* success will, in a great measure, be regarded by us as *our* success, *your* failure (if such a thing be possible) as *our* misfortune.

"Blessed is the man who has found his work," says Carlyle, and, let us add, thrice blessed is the woman who has found hers in nursing the sick and in caring for the wounded.



## THE YEAR'S PROGRESS IN ARMY NURSING

By DITA H. KINNEY

Superintendent Army Nurse Corps

WITH the permission of the Surgeon-General I have the honor herewith to submit for your information a short report of my work, and at the same time to bespeak your help and interest in all that pertains to it, as well as to ask you for any suggestions for its perfecting which may occur to you, either as you sit in council or later as individuals.

About a year ago the Honorable the Secretary of War entered into a policy of radical retrenchment in all branches of the service. The Medical Department did not escape, but was made to feel the practical effect of such a policy in regard to its surgeons, nurses, and hospital corps. The number of nurses in three years has been reduced from two hundred and fifty to one hundred, which it must not exceed for the present.

Were all the hospitals where members of the corps are serving in the United States it would be a comparatively simple matter to get on with the allowed number, because so little time would be lost in transfers from one place to another. The enormous distance to the Philippines and the time required to traverse it greatly complicates the situation. The commanding officers of the various hospitals are constantly clamoring for more nurses, which we are unable to supply. On all sides these gentlemen say no commendation can be too high for the work done by the nurses, and to you ladies, as their teachers and exemplars, all this credit belongs.

The position of the nurses and their recognition in army circles grows more and more satisfactory month by month. In the Philippines social courtesies are accepted and returned between officers and their wives and the nurses. A special invitation is always sent to the Nurses' Quarters by Governor and Mrs. Taft for all functions at the Government House, and there have been occasions when both were the guests of the nurses.

During the late meeting of the Spanish-American War Nurses in San Francisco a reception was given them by the members of the Army

\* Read at the meeting of the American Society of Superintendents of Training-Schools for Nurses, Pittsburg, October, 1903.

Nurse Corps on duty at the General Hospital in that city. The commanding officer made the address of welcome. The Chief Surgeon and hospital staff were guests, also the British Consul-General. Besides this the commanding officer rendered every possible assistance in entertaining the guests during their stay.

Such incidents are in sharp contrast to the days when the nurses were socially ignored and only professionally endured as a questionable good.

The most notable achievement of the year is the accomplishment of the long-desired change in the transport regulations—assigning nurses to the saloon mess after the medical officers. Some of the chiefs of the various departments to which the matter was “respectfully referred for remark” fought it, but that matters little, as we won.

As their superintendents, ladies, you have every reason to be proud, as I am, of the showing of your pupils, and of the place they have made for themselves in the face of many adverse circumstances and conditions. These things have been accomplished solely and only because of their professional excellence and their personal attributes of character and heart. They uniformly express themselves in personal letters to me as a well-satisfied and happy body of women.

There are still a few things which I desire and hope to get for them, notably two:

1. Some modification by Congress of the present law in re of their subsistence, so that it will be unnecessary for them to contribute from their salary to have their table what it should be.

2. That when circumstances are such, from pressure of work in the hospital, that they cannot be given their annual leave, this may become cumulative. With these points gained I cannot see much left to be desired from the nurses' standpoint.

From the point of view of the Medical Department we look forward to the completion of the big General Hospital here in Washington, where all nurses will enter and serve for a certain term, and where perhaps in time the Medical Department might even have its own army training-school.

Great improvements are in progress in two of the general hospitals in the United States,—*i.e.*, the one devoted exclusively to the treatment of pulmonary tuberculosis at Fort Bayard, N. M., and the large General Hospital at the Presidio of San Francisco.

At the former an expenditure of one hundred thousand dollars has been authorized. Most of the cases at this hospital are ambulant, but there is an infirmary where those who are running a temperature or who need more than general care are placed. This is to be doubled in size

and capacity, and there is to be a new hospital for officers. A medical storehouse, crematory, receiving vault, morgue, and laboratory are to be built. The reservoir supplying the hospital with water is to be enlarged. Five portable houses are to be put up and used for officers' quarters. Other buildings are to be built as needed.

The nurses here, of whom there are twelve, have a house by themselves with every comfort and convenience, and a most excellent mess without any cost to them.

At the Presidio there are thirty-eight nurses on permanent duty, with pretty, comfortable quarters in a wing of the hospital used only by them. They pay into their mess two or three dollars a month—more than they ought.

At this hospital there is to be a new operating-pavilion, with as fine an operating-room as can be built.

There will be under this roof surgeons' dressing-rooms, sterilizing kitchens, anesthetizing-rooms, recovery-rooms, and a room for the preparation of dressings. All floors will be tiled, all walls and ceiling coarstone finish, all angles rounded.

The walls of the operating-room will have door casings and a wainscoting of marble six feet high. They are to be tiled to the ceiling. The room will be lighted by a large skylight of corrugated glass. It is estimated the building will cost only twenty-five dollars less than twenty thousand dollars.

Thus you see our nurses have the advantage of service under all conditions, from those approved as the latest and best for the wonderful aseptic surgery of the day, to the outposts where ingenuity, training, and intelligence must make the most of simple appliances and the best of unfavorable conditions.

I cannot close without making a sincere acknowledgment of our indebtedness to those among you who have helped us to select this noble body of women. Appointments are never made other than in accordance with the recommendations of the superintendent under whom the applicant was trained, and the value of these papers to the office of the Surgeon-General is beyond computation. The information thus secured is never, under any circumstances, given out, so I feel I may ask for a continuance of these favors, and that the reports on these blanks should be made as full as possible. Without these our work would be at a standstill.

I am enclosing a little tabulated memorandum on the date of this writing of the nurses and their stations for anyone who may care to see it.

Of the Navy Nurse Bill we as yet hear nothing.



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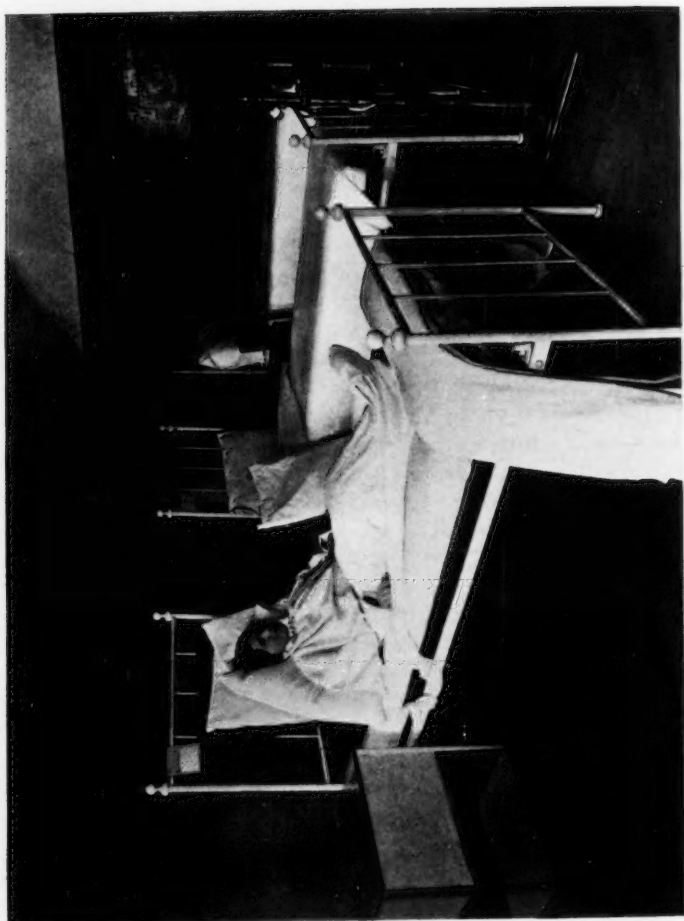
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SIMPLE DEVICE TO PREVENT SLIPPING

UNITED STATES.

SAN FRANCISCO, CALIFORNIA.

Assigned to regular duty .....	36
En route for regular duty .....	3
	— 39
Fort Bayard, N. M. ....	12
Fort McDowell, Cal. (Hospital Corps School of Instruction) .....	1
Home awaiting discharge .....	3
Total in United States .....	55

PHILIPPINE ISLANDS.

First Reserve Hospital, Manila .....	32
Corregidor Island, Luzon .....	5
Iloilo, Panay .....	5
En route to Philippine Islands, sailed October 1 .....	3
Total in Philippine Islands .....	45
	100

## SIMPLE DEVICES FOR THE COMFORT OF PATIENTS

By JESSIE McCALLUM

Associate Superintendent Post-Graduate Training-School, New York

THERE are no patients who complain of discomfort more than those who, on account of dyspnoea, must remain in bed in a sitting posture.

While the head-rest may be utilized to maintain this sitting posture, such cases are difficult to manage on account of the tendency to slip towards the foot of the bed.

To prevent this slipping it is common usage to put a pillow at the feet, but this not only keeps the feet uncomfortably warm, but it is clumsy and completely demoralizes the appearance of the bed.

A simple method of overcoming the difficulty is here illustrated. A sheet folded diagonally is securely fastened to the sides of the bed, thus forming a loop against which the feet rest, a suitable pad or folded sheet laid therein making it more comfortable.

Another simple contrivance for accomplishing the same end is the use of a rubber-covered pillow, doubled upon itself and placed under the buttocks. Through the fold a muslin bandage is slipped and the ends tied to the head of the bed. This device will be specially useful with children and patients too restless to keep the feet in the sling.

Children in extension likewise require some support to maintain their position in bed, and those engaged in orthopaedic nursing will find that a neatly folded towel around the waist, with a muslin bandage slipped through it in the back and tied to the head of the bed, will successfully counteract the tendency to slip.

**HOME ECONOMICS**

By ALICE P. NORTON

Assistant Professor of Home Economics of the School of Education, University of Chicago

(Continued from page 195)

**VIII. INORGANIC CONSTITUENTS OF FOODS**

IN deciding upon the kind and amount of food necessary to sustain the bodily functions, we should expect to find in the composition of the body itself a clew to our labyrinth of possibilities. Food in its province as a builder of tissue must be able to supply all the elements present in the body, and it must be able to supply them in a form in which they can be utilized. Food, therefore, must not only contain the sixteen or more elements that enter into the make-up of the body, such as carbon, hydrogen, oxygen, nitrogen, sulphur, phosphorus, and calcium, but it must contain these in the combination in which they exist in the body, or in a form that can easily be changed into such a combination.

The following has been given as the approximate composition of the body of an adult of average weight:

	Pounds	Pounds
Mineral matter .....		11
Water in bones .....	5	
Water in blood .....	9	
Water in muscle .....	50	
Water in other tissues .....	44	
		<hr/>
Total water .....		108
Proteid in bones .....	6	
Proteid in blood .....	2½	
Proteid in muscle .....	16¼	
Proteid in other tissues .....	5	
		<hr/>
Total proteid .....		29¾
Fat .....	5	
Carbohydrate .....		¼
		<hr/>
Total .....		154

These proportions by no means indicate the amounts in which these different food principles are to be supplied, for a certain amount of food must always be utilized as fuel, and the work to be performed will largely determine the amount of fuel needed. Even with the food principles whose chief or only function is that of building material the proportions necessary will be only very roughly suggested, the daily excre-

tion from the body rather than the amount present in it being the determining factor.

In the case of water the amount required in the daily diet is commensurate with that in the body. A little more than about two-thirds of the body is water, and the water required daily is approximately two-thirds the total amount of food, or from four to six pints. This may be taken in the form of tea or coffee, in juicy fruits, such as oranges and grapes, in milk, and much of it even in foods that we ordinarily think of as dry, such as meat and bread.

The uses of this large amount of water are many. It acts as a cleansing agent, and is as necessary for this purpose to the interior of the body as to the exterior. Water is often called the universal solvent, and in this capacity it is very important. Only substances in solution can pass through the intestinal walls, and the soluble proteids and carbohydrates (in the form of sugar) are dissolved in water in order to enter the circulation. It is quite probable that the fats are saponified in the intestine and dissolved in water also, instead of passing the intestinal wall in the form of an emulsion, as has been supposed. Water acts as a carrier, both conveying the food to the tissues and the waste matter from them.

If a little ether or alcohol be put into the palm of the hand and allowed to evaporate the hand becomes very cold. This illustrates the use of water as a regulator of the heat of the body. Constant evaporation is going on from the skin, and the increase or lessening of the amount of this evaporation cools the body with greater or less rapidity.

Mineral matter is present in the body chiefly in the form of lime salts and of compounds of sodium, potassium, magnesium, and iron, as phosphates, sulphates, carbonates, and chlorides. Nearly all of our foods contain mineral matter in some form. This remains as ash if we burn off the organic constituents of flour or of milk or of almost any other article of diet. The exact part that these mineral salts play in the metabolism of the body is still obscure in some respects. One function is very evident, since the bones are so largely built of this material. The mineral salts also aid in forming the digestive juices, and probably help in the solution of certain substances less soluble in water alone than in water containing salts. Whatever may be their whole work in the body, they are certainly so necessary to life that death would ensue in about a month if they were entirely cut out of the diet.

## BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON



A NURSE'S HANDBOOK OF OBSTETRICS. For use in Training-Schools. By Joseph B. Cooke, M.D., Fellow of the New York Obstetrical Society, Lecturer to the New York City Training-School, Surgeon to the New York Maternity Hospital, etc. J. B. Lippincott Company, Philadelphia.

The limitation implied by the title of this book is to be entirely disregarded, for however essential the work may be to nurses in training, it is absolutely indispensable to nurses whose graduation day dates back a bit, but who are anxious to escape being classed as "old nurses." The book, which only emerged from its first existence in the form of lectures to the New York City Training-School for Nurses last March, has, we are informed, gone into its second edition, the first edition having already been entirely exhausted.

For careful, minute, detailed teaching we have had nothing like it on the subject heretofore, and it ought to have a place on every nurse's bookshelf, and go with the obstetrical nurse to her every case.

"It is intended to contain all of the science and art of obstetrics that a nurse need know in order to practise her profession in an intelligent manner consistent with her position as a scientifically educated woman, combined with a clear exposition of the principles and practice of maternity nursing."

The first six chapters comprise a very thorough review of the particular and functional anatomy and physiology necessary to the subject, with the development of the fœtus, etc.; then come in order the signs and symptoms, disorders and management, of pregnancy; this chapter (IX.) is particularly valuable as "preventive medicine," the practice of which the author in his introduction so strongly recommends to nurses. The directions for proper diet elimination, etc., are most practical and helpful. Chapters X. and XI., the nurse's outfit and patient's ditto, are the most complete lists of their kind that one could imagine, including sizes of pins and quality of muslin; not the smallest detail is missing. The tired nurse who at an instant's notice has to collect her outfit will hail these lists with joy. Chapters XII. to XV. treat of the "Mechanism," "Phenomena," "Preparation," and "Conduct of Labor," covering all about normal labor. Chapters XV. and XVI. take up "Operative Delivery" and "Accidents and Emergencies." Chapter XVIII. brings us into the purely nursing field again, which continues to the end of the book, the physiology and management of the puerperium, care of instruments, catheterization, diet, incidental disorders, the care of the normal infant, the care of the feeble or premature infant, winding up with a splendid chapter on infant feeding. The book is enlightened by over three hundred illustrations, and it has appended a glossary of over fifty pages in itself of considerable value. The book costs only two dollars.



EUROPEAN TRAVEL FOR WOMEN. By Mary Cadwalader Jones. Macmillan & Co., New York.

We are all looking ahead and thinking of the spring trip and the Berlin Congress, and it seems not too early to begin preparations, for, as some one says, "one brings away from a trip abroad in proportion as one goes prepared." The guide-books are many, and to one making the initial trip somewhat bewildering, and it is advised that a certain amount of preliminary reading will greatly assist in the choice of books when one is really on the move, and it becomes necessary to narrow down one's list to a minimum. Not with those left behind can we class Mrs. Jones's "European Travel for Women," for though entirely different from the ordinary guide-book, it is so seemingly indispensable to the lone woman traveller that one wonders what she did before the book existed. Perhaps the answer is that the book came into existence with the independent woman tourist. Before this era the *courrier* or the *courrier* maid ruled undisputed.

The preface to the book modestly sets forth that it aims to tell women "what they had better take with them in going abroad for the first time, and to tell them how to get about most comfortably after landing." It does much more than this, however.

The first requisite the author advises on is the frame of mind which the traveller is to carry: "Unless travellers are willing to leave national prejudices behind them, and ready to see whatever is characteristic and excellent in a foreign country, without finding fault because it is unfamiliar, they had better remain at home. Americans are among the worst offenders in this regard; and there is no greater nuisance than the man who growls because he cannot get buckwheat cakes, or the woman who fusses when she has to do without iced-water." And again: "Remember when you go into a strange country that its inhabitants have not sent for you; you go among them presumably of your own accord, and their manners and customs cannot possibly seem stranger to you than yours do to them. It is scarcely worth while to go to Europe for the purpose of proclaiming all the time that America is in every way better; if that is your opinion, you can show it by going home and never leaving it again, but while you are abroad try to get all the pleasure and profit possible out of the visit."

We are to try to see things from the point of view of the average citizen of the place where we may be. We are told that many of the abuses of which travellers complain are perfectly justifiable and proper in the places where they are practised. The principle of tipping is explained and the rate one is expected to pay—a most perplexing problem to the unaccustomed, for you are expected to pay your tip, no more and no less, the tip-takers having their own standard of independence.

There is an easy little rule for life on shipboard and in railway carriages, the proper bearing at hotel tables, in the shops, towards servants, among equals or superiors, which we would do well to mark if we would escape the opprobrium of being "queer," "foreign," or "uncultured."

In preparation for the journey one is advised to decide on the sum total to be spent and subdivide it into weeks and even days, so that you may know how much to allow for each day. "Young and strong women can get along on two dollars per day." Letters of credit and express checks are discussed, foreign money, luggage, what to carry in your cabin, the marking of trunks and steamer chair, etc., etc. The chapter on crossing the ocean leaves no detail untouched, and is concluded with the most delightfully kind advice, which may be summed up in a word or two—be a lady on shipboard and off.

Once on the other side, there is a chapter on England, some timely hints for your guidance as well as much important information. Germany, France, and Italy have each their own chapter. Each is a great book in very little, and each gives a useful list of books for local reading.

The last hundred pages of the book are devoted to comparison of Réaumur, Fahrenheit, and Centigrade thermometers, to metric measures, a little word on foreign pronunciation, often abused, and some useful verbs and phrases.

Mrs. Jones has done so much for the nursing profession, and been so long identified with its interests, that although the book was written for women in general, one feels like claiming it as one more good thing she had done for us.

PARIS AS IT IS. By Katherine de Forest. Doubleday, Page & Co., New York.

Another book which one can read by way of preparation if Paris is included in our trip abroad, or which can be of great solace to the grief of staying at home if we must, is Miss de Forest's "Paris as It Is: An intimate account of its people, its home life, and its places of interest." So runs the title, and very promising it sounds, and it is a promise that holds good from cover to cover. Some way Miss de Forest takes us into the very atmosphere of Paris and makes the most careless and heedless observe and comprehend something of the meaning of things. The chapter on "French Homes," of which the *Booklovers' Bulletin* says it is "a light to those who sit in darkness and condemn all Frenchmen as airy, immoral, and unstable," is also somewhat of a stinging goad to the American home- and housekeeper—she whose cry and lamentation of drudgery and bad servants fills the land so largely at present. She would do well to "read, mark, learn, and inwardly digest" that chapter. I have seldom read any more pleasing and delightful word-picture of home life than those two little sketches of home life—the family pinched for means, yet managing to maintain themselves with all the necessities of life and many of its luxuries, and the other family with larger income and more fertile resources living almost the same sort of life as their poorer neighbor from choice.

There are glimpses of economies that cause one's eyes to open with amazement. "In very good French houses the fire will be lighted in the salon only when the company has actually rung at the door or on the days of reception." The chapter on the "great shops" you cannot afford to miss. The "Louvre" and the "Bon Marché" will not seem to you like "Stern's" or "Macy's" after reading it—"Bon Marché," the Socialistic Republic; "*Printemps*," which on the twentieth day of March, the legendary day when the old chestnut-tree of the Tuileries puts forth its first leaves, gives away twenty-five thousand bouquets of violets; the "Louvre," which gives away five hundred balloons daily to the children of Paris; "*Samaritaine*," which combats superstition by giving every Friday purchaser a tea-cup, a sugar-bowl, or a tray. And the museums of art—how much she shows you of them even in black and white print! Like Mrs. Jones's book, this is in no degree a guide-book, but it shows you things these never dream of hinting at, the real living things.

HISTORY OF FRANCE. By Arthur Hassall. J. M. Dent & Co., London.

An absolute necessity in a foreign country is some book of reference for the history of the country itself. The usual drawback is that history means many huge tomes, impossible to carry about and ponderous to search through when one wishes to certify a date or look up a treaty. This one is a most convenient

as well as complete little volume in the Temple Primer series. It can be tucked away in the same space as one's book of devotions, is light, good print, and most conveniently indexed, so that one has no difficulty in looking up any era, from the Roman conquest before Christ down to the present day. Some of the changes in French history come suddenly and close upon the heels of one another, and it is a saving of time to look up rather than think up these on occasions.

THE SEA LADY. Methuen & Co., London.

After so much rather sober reading as the foregoing list a little nonsense will not come amiss to balance with. Nothing lighter or more nonsensical could you very easily find than the "Sea Lady." I must not tell you the story, for that would spoil it, but do just glance at the Buntings and the Misses Glendower going down to the sea to bathe. "The Buntings did not bathe mixed;" a thing, indeed, that was "still very doubtfully decent in 1898, (!) Mrs. Bunting going first, looking, as it were, for a Peeping Tom with her glasses;" the three young ladies in their beautiful Paris bathing dresses, but completely covered by hooded gowns of towelling; "then Mrs. B.'s maid and the second housemaid and the Misses Glendowers' maid;" a little interval and the two men "with ropes and things." "Mrs. Bunting always put a rope round each of her daughters before ever they put a foot in the water and held it till they were safely out." "As soon as they had reached the high-water mark, where it is no longer indecent to be clad merely in a bathing dress, each of the ladies handed her attendant her wrap, and after Mrs. Bunting looked carefully to see if there were any jelly-fish, and then they went in."

The chapter on the journalists revives one's interest just as the reader begins to tire a wee bit of these honest Britons; but the chapter on "the quality of Parker" drives one to the point of hysterics. Parker is a lady's maid engaged to stand between the Sea Lady and the vulgar gaze of the world. She is a sphinx and stoic. She is also an adept at dissimulation. Don't pay money for such frivolity, but if the book comes your way and you want to laugh, read it.



JUSTICE MAYER, of the Court of Special Sessions, of New York, read a paper on "Criminal Procedure against the Unlawful Practice of Medicine" at a meeting of the Society of Medical Jurisprudence, in which he said: "The worst agency in New York to-day that helps the man who sells either real or pretended abortion medicine is the newspapers, for they make it possible to snare the unwary, the superstitious, and the fearful. I suggest that in the new school of journalism in Columbia there be a chair of advertising, and let it be taught to the young men of the newspaper profession that the first duty of a great newspaper is to censor its medical advertising. If the decent newspapers will assist in the gradual uplifting of public opinion concerning the men and women who engage in these disreputable and criminal occupations, it will be only a matter of a short time until they are driven out of business."

## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



**ALCOHOL.**—The *Journal of the American Medical Association* gives a synopsis of a paper in the *British Medical Journal* on this subject as follows: "Hyslop considers that alcohol always has an evil action in healthy individuals, though it may be used wisely in times of need as a stimulant, nutrient, and antipyretic. Stimulating a worn-out machine, however, by improper fuel is not productive of good results. He makes a comparison with financial conditions, and claims that alcohol is only useful as a loan to avert physical bankruptcy. It may help to tide over a bodily crisis until the organism can repay the loan with its accumulated interest. The action of alcohol on the nervous element is noted, as also the changes in alcoholic insanity."

**MOIST DRESSINGS.**—Dr. Charles H. Lemon in the *Wisconsin Medical Journal* recommends the use of moist dressings in compound fractures. He advises the application of hygroscopic gauze moistened or wrung out of water or an antiseptic solution and applied to the wound. Evaporation and consequent drying is prevented by covering the dressing with oiled silk or gutta-percha tissue. It stimulates the capillary circulation in the region of the wound and induces a vigorous blood-current which mechanically washes it out and brings an abundance of blood-tissue to the part. A foreign contemporary in an article on the after treatment of septic operations says a wet dressing soothes pain far better than a dry one.

**CYANIDE OF MERCURY AS A SURGICAL ANTISEPTIC.**—Dr. Charles Green Cranstoun in the *New York and Philadelphia Medical Journal* advocates the use of cyanide instead of bichloride of mercury as an antiseptic in surgery. His formula is mercury cyanide, one-half gramme; sodium borate (C. P.), one gramme; aniline red, sufficient to color the solution. It does not irritate the tissues and does not coagulate albumen. It does not injure metal when rendered alkaline by the addition of soda. The hands remain soft after its use and the sense of touch perfect. It is not more poisonous than bichloride of mercury, but is a powerful antiseptic. Seventeen milligrammes added to a litre of bouillon prevents the development of micro-organisms. The fact that it does not roughen the hands would recommend it to nurses.

**RUBELLA.**—Dr. Dillingham in *American Medicine* believes in scarlet fever, measles, and rubella, but does not believe in the existence of "the fourth disease." The author quotes with approval this saying by Griffith: "The disease (rubella) may be divided into two types, resembling mild measles, and then resembling mild scarlet fever, and then gradations from these types to either extreme: (1) Eruption in which the spots are for the most part nearly or fully the size of split peas, more or less grouped, and having greatest resemblance to measles; (2) rash, confluent in patches, or universally; not elevated, uniform

redness simulates scarlet fever. Careful investigation often reveals a few papules and general diffuse redness. It is best seen on the wrists and fingers." The author compares in detail the three diseases under discussion, and gives the chief points on which the differential diagnosis must rest. He concludes by saying that to one with large experience in contagious diseases the differential diagnosis of rubella should not usually give much difficulty. But even one with the greatest experience, although he carefully consider every factor, will occasionally fail to make the correct diagnosis in cases where measles is the confusing element."

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UROTROPIN IN SCARLET FEVER.—The *Journal of the American Medical Association*, quoting from an Austrian exchange, says Widowitz has never had a case of nephritis among one hundred and two scarlet-fever patients since he introduced the plan of preventive administration of urotropin. He gives from 0.95 gramme to 0.5 gramme of urotropin three times a day according to age during the first three days of the disease, and again at the beginning of the third week for another three days.

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DEEP BREATHING.—In a paper in the *New York and Philadelphia Medical Journal* Dr. Richard Cole Newton says that a physical culturist after measuring the lung capacity of twenty thousand persons found that not one per cent. of them had strong lungs and breathed fully. He advises the practice of full inflation of the lungs by slow, deep, regular breathing continued until it becomes habitual, and considers it of great benefit as a prophylactic in phthisis. He sums up his conclusions as follows: (1) Deep breathing is essential to good health, and is in many cases a valuable therapeutic measure. (2) Its importance is not at all generally appreciated. (3) It should be a part of every child's education. (4) It is especially indicated for backward and sickly children. (5) The profession owes it to itself to study more deeply this vital question and to be able to instruct the laity fully upon all its bearings.

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DISINFECTION OF THE STOOLS IN CONTAGIOUS DISEASES.—*Revue française de médecine et de chirurgie* advises the following antiseptic mixture: Zinc sulphate, one hundred grammes (twenty-five drachms); sulphuric acid, ten grammes (two and one-half drachms); benzaldehyde, two centigrammes (three-tenths grain); indigo, fifteen centigrammes (two and one-quarter grains). Drop seventy-five minims into vessel before using. The indigo is added merely to give a distinctive color.

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THE HANDKERCHIEF AS A DISSEMINATOR OF DISEASE.—The *Medical Record* comments on the *New York Times's* account of a meeting of the National Woman's Temperance Union held in Cincinnati, where handkerchief shaking as a method of salute was warmly discussed from a hygienic standpoint. Miss Marie Brehm, of Illinois, declared that the fluttering of innumerable handkerchiefs in welcome to a speaker was quite sufficient to account for the wide distribution of colds among those attending the convention. Miss Brehm moved that handkerchiefs be kept in the pocket, where they belong, and the saluting be done with little silk flags provided for the purpose. It is, in fact, a grave sanitary question whether the handkerchief does not do more harm than good as it is ordinarily used. When we assume that the healthy nose does not need to be wiped we face

a reasonably broad proposition as to the danger of the handkerchief as a disease propagator. Most nasal catarrhs are of an infectious character, notably those of grip origin. Contrary to a general law of asepsis, the handkerchief saturated with disease germs, instead of being promptly washed, is stowed for hours in the pocket, with a result that can be easily imagined. Is it any wonder, then, that catarrhs are constantly fostered by a system of autoinfection? Even when the discharges become dried upon this dangerous article of the toilet, its mere handling or use by others must necessarily be a means of conveying infection. Worse than the nasal discharges are the expectorations, which so often thus find their way into the pocket.

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CURE OF SCIATICA.—The *New York and Philadelphia Medical Journal*, quoting from a Spanish contemporary, says: "Castelvi has used subcutaneous injections of pure oxygen in five cases with excellent results. The author gives a detailed description and illustration of the apparatus used. Injections of from two hundred to one thousand cubic centimetres of the gas were made in the gluteal region of the affected side, the injections being repeated daily till all pain subsided. This result was accomplished in from one to five treatments. The immediate effect of each injection was the subsidence of pain either in the whole course of the nerve or over an area extending considerably beyond the limits of the injected part. Alleviation of pain was experienced in many instances during the injection. No discomfort was experienced by the patients so treated and the gas was quite rapidly absorbed. In some cases the pain permanently disappeared after one injection."

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ADENOIDS AND NOCTURNAL INCONTINENCE.—The *New York and Philadelphia Medical Journal* has a synopsis of an article in a foreign exchange as follows: "Melzi reminds us that adenoids in the pharynx are in some way connected with nocturnal incontinence in children. Various theories have been advanced to explain this connection, but the fact remains that the removal of the adenoid growths causes a cessation of the incontinence. The author reports two striking cases, and advises the practical physician to think of adenoids whenever he meets a case of nocturnal incontinence."

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CAFFEINE IN ALCOHOLISM.—Hall, in the *Medical News*, considers that caffeine is almost a specific in alcoholic toxæmia. He asserts that this drug, in doses of one to two grains every one, two, or three hours, will usually, in from twenty-four to forty-eight hours, quench the thirst or craving for alcohol to such an extent that the most confirmed habitués will voluntarily abandon its use. Four cases are reported which seem to uphold the author's contention.

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FORMALDEHYDE TEST FOR ALBUMEN IN URINE.—The *Journal of the American Medical Association*, quoting from an Italian contemporary, says Introna has found that formaldehyde causes the coagulation of albumen in solution, and recommends a new test for albuminuria based on this fact. He adds one cubic centimetre of formaldehyde to fifty-six cubic centimetres of urine. If it is free from albumen, the fluid remains clear, but if albumen is present, it becomes turbid and a flocculent precipitate is gradually deposited consisting entirely of the albumen. The test can be hastened by heating to boiling-point, in which case the precipitate is deposited without delay.



## HOSPITAL AND TRAINING-SCHOOL ITEMS



### HOSPITALS

THE Committee on the Prevention of Tuberculosis of the Charity Organization Society of New York City is preparing a directory of the various agencies existing and projected in the United States and Canada which care for persons suffering from any form of tuberculosis or which work in any way for the restriction and prevention of the disease.

This directory will include hospitals, sanatoria, dispensaries, and camps especially designed for tuberculous patients or with especial provision for them, whether public or private, and also State commissions and private societies formed for the purpose of investigation or of diffusing information.

It would aid materially towards completeness and consequent usefulness in the list if all who know of any such organization would send the name and address to the Charity Organization Society, at 105 East Twenty-second Street.—Charities.

A SITE for an isolation hospital for contagious diseases has been chosen by a committee of the Essex County (N. J.) Board of Freeholders. It is to be for the use of all the cities and towns in Essex County. Many attempts have been made to establish a hospital of this sort in different places throughout the county, but every time there has been a vehement protest. The property selected is in Belleville, and there are forty-three acres in all. The price paid for the tract is twenty-five thousand dollars. The hospital will cost in the neighborhood of one hundred and seventy-five thousand dollars.

THE Alexander Hospital of Montreal, Can., will be one of the best appointed isolation hospitals in the country. The cost of the new building will be in the neighborhood of one hundred thousand dollars. The diseases treated will be measles, diphtheria, scarlet fever, erysipelas, and there will be an observation ward for doubtful cases. Each ward for the treatment of disease is a separate unit in the general plan, and is so isolated that germs of disease cannot be conveyed from one unit to the other.

A HOTEL HOSPITAL, catering to the wealthy and those who can afford to have a retinue of relatives and personal attendants to accompany them in their illness, will be added to St. Luke's Hospital, Chicago, Ill. Ground has already been purchased and the plans for a two hundred and fifty thousand dollar addition to the present institution at 1426 Indiana Avenue have been drawn.

THE Woman's Medical College, Philadelphia, Pa., contemplates building a hospital as an addition to the college. The project arises out of a difference of opinion between the Advisory Board of the college and the Board of Managers of the Woman's Hospital.

THE Red Cross Hospital of Detroit, Mich., was incorporated with Mrs. Elva A. McElroy as matron and Mrs. C. J. Fox, of the Smith-Fox Homes for the Aged, as business manager.

THE New Harvard Medical School is to have a number of hospitals affiliated with it, among which are the Brigham, Children's, Samaritan, and Infants' Hospitals.

ST. VINCENT'S HOSPITAL, at West New Brighton, Staten Island, Borough of Richmond, N. Y., was formally opened by Archbishop Farley on November 25, 1903.

THE work on the Thompson Hospital, Brattleboro, Vt., is being pushed so that it will be ready for occupancy in three or four months.

THE Hahnemann Hospital, Philadelphia, Pa., is to have three new structures—a maternity ward, house for nurses, and power-house.

AFTER changing the site to a more suitable one, Arlington, Mass., will now proceed to push its proposed hospital to completion.

AN addition costing one hundred thousand dollars will be made to the Lackawanna Hospital in Scranton, Pa.

SETON HOSPITAL, at Spuyten Duyvil, N. Y., has established a department for the care of tuberculous children.

SAN DIEGO, CAL., is to have a new County Hospital.

BRADFORD, PA., is to have a new hospital.

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#### SOME OF THE WAYS IN WHICH HOSPITALS ARE BEING AIDED

COMMODORE JAMES D. SMITH, president of the Stamford (Conn.) Hospital, announced at the commencement exercises of the hospital Training-School for Nurses that Robert M. Bruce, of Greenwich, who has recently made several donations to that town, had given ten thousand dollars to the Stamford Hospital. This was the first public announcement of the gift, although it was made over a year ago, as Mr. Bruce requested that no public announcement be made.

THE will of William Turnbull, of St. John, N. B., a copy of which has been filed at the East Cambridge registry of probate, provides for the erection of a hospital in St. John, to be known as the "St. John Hospital for Incurables," to cost not more than one hundred thousand dollars.

THE New York Lodge, No. 1, Benevolent and Protective Order of Elks, has arranged to endow in perpetuity, at an expense of fifteen thousand dollars, two beds in the Post-Graduate Hospital, New York. The hospital agrees to place the beds in a private room.

ONE of the finest convalescent hospitals for crippled children in the State is nearing completion on the Mamaroneck Boulevard on the outskirts of White Plains, N. Y. One of the largest contributors to the building fund was Miss Helen M. Gould.

THE Ladies' Aid Society attached to St. Catherine's Hospital realized between eight hundred and nine hundred dollars at a euchre and penuche party held in Palm Garden Hall, corner of Green and Hamburg Avenues, Brooklyn, N. Y.

BENJAMIN LOWERY, of No. 1124 East Genesee Street, Syracuse, N. Y., a retired farmer, has given five thousand dollars to the Homœopathic Hospital to found a free bed for farmers.

THE trustees of St. Stephen's Hospital, Richmond, Ind., report the gift of fifty thousand dollars from Daniel G. Reid, of New York, for the building and equipment of a new hospital.

OTTUMWA, IA., is to have a new hospital. The site has been donated by Major Samuel Mahon, one of the members of the Board of the Ottumwa Hospital Association.

W. B. LEEDS, of New York, president of the Rock Island Railroad, has given ten thousand dollars to the public hospital in Richmond, Ind., where he formerly resided.

By the will of the late Sarah B. Harrison, of Connecticut, the New Haven Hospital gets thirty thousand dollars to establish free beds.

THE Brockton Agricultural Society has donated two hundred and fifty dollars to aid the Brockton Hospital, Brockton, Mass.

By the will of the late Mrs. Elizabeth Ann Birge the Homœopathic Hospital, Buffalo, N. Y., receives one thousand dollars.

#### TRAINING-SCHOOL NOTES

ON December 2 the new wing, which has just been completed, of the Nurses' Home on Blackwell's Island, headquarters of the New York City Training-School, was formally opened. The exercises took place at four P.M., the buildings having been opened for inspection from three to four and after six P.M., refreshments being served from five to six P.M. and eleven to twelve. The home was decorated throughout with holly and Christmas greens, and Berger's Hungarian Orchestra furnished the music for the afternoon and evening.

On account of the size of the buildings it was decided to give a distinct name to each section, a name that would recall the history of the school, as it had been borne by ladies who were very closely connected with the school. The original building of the Nurses' Home was named for Miss Louise Lee Schuyler, who was the originator of the State Charities Aid work. The wing just completed is named in honor of Mrs. Cadwalader Jones, who has been the chairman of the Advisory Board of the school for a great many years. The third building, the wing in process of construction, is named Rice Hall, after Mrs. William B. Rice, who has been the vice-president of the State Aid Association almost since its beginning. Plans are also under way for a fourth section, which is to contain kitchens and dining-room and rooms for the help of the home.

Jones Hall, just completed, is a four-story stone building, thirty-five by one hundred and seven feet, and contains single bedrooms for forty-four nurses, large bath- and toilet-rooms on each floor, and on the ground floor a large assembly-hall about thirty by ninety feet, which for daily use is the drawing-room and lecture-room. These rooms are separated by folding doors, which permits of the two rooms being thrown into one on public occasions. At the rear of the building there is an isolating section consisting of two rooms and a complete bath-room.

Rice Hall, in process of construction, will contain the same number of single sleeping-rooms and on the ground floor two laboratories, one for chemical work and the other for dietetics, also the general offices of the Training-School.

The unveiling of the tablets of these buildings was done by three little girls, who presented a large bouquet of roses to each lady for whom the building was

named. The little girls themselves were afterwards presented with large dolls dressed as nurses.

The Commissioner himself was presented with a silver inkstand, in the lid of which was imbedded the badge of the school, as a gift from the pupils and officers of the school.

At the close of the exercises three large keys were presented to the superintendent of the school as a souvenir of the occasion, and with them a large bunch of violets, presented by the junior officers of the school.

President Roosevelt's personal interest in the school is shown in the following letter:

"WHITE HOUSE, WASHINGTON, November 28, 1903.

"MY DEAR MR. FOLKS: I greatly wish I could be present on December 2 at the opening of the City Training-School for Nurses. I wish it especially because it has been my good fortune to know and to work with Mrs. Cadwalader Jones, Miss Louisa Lee Schuyler, and Mrs. William B. Rice, and I should like to testify my regard for them while congratulating you, and also those associated with you, upon being connected with so admirable a work, but, unfortunately, it is simply out of the question for me to come. So all I can do is to send you my best wishes.

"Sincerely yours,

(Signed)

"THEODORE ROOSEVELT.

"Mr. Homer Folks, Commissioner, Department of Public Charities, New York City."

TORONTO GENERAL HOSPITAL.—After due consideration the authorities of the Toronto General Hospital Training-School for Nurses have decided upon adopting a preparatory course under the auspices of the Technical School, College Street, Toronto.

The Technical School will give a certificate to those who complete the full course, consequently intending applicants to the Training-School for Nurses are notified that after this date preference will be given to candidates who hold a certificate of the preparatory course, provided they are otherwise eligible. The course requires two terms of three months each, from nine A.M. until three-thirty P.M. daily, beginning January 4, 1904, and ending June 15, with the usual Easter vacation.

The fee is ten dollars per term. The subjects considered are anatomy, physiology, medical chemistry, hygiene, bacteriology, dietetics, cookery, household economics, English language, and vocal expression.

LEXINGTON HEIGHTS HOSPITAL TRAINING-SCHOOL graduated six nurses on Tuesday evening, November 10, 1903, at the Twentieth Century Club. The address was made by the Rev. O. P. Gifford, of Delaware Avenue Baptist Church. Dr. DeWitt G. Wilcox presented the diplomas to the graduates, addressing each nurse individually as she came forward to receive her diploma. Mr. Fellows, the chorister of Delaware Avenue Baptist Church, sang. Mr. Gomph gave a piano selection. Mrs. Fletcher gave two enjoyable readings. Miss Taylor, an alumna of the school, and Mr. Fellows sang. The nurses who received the diplomas were Alice M. Cook, Nella D. Snyder, Sue M. Chapin, Blanche Wallace, Ida M. Burroughs, and Winnabeth Sovereign. The Lexington Heights Hospital is a private institution conducted by Dr. DeWitt G. Wilcox. The course of training has recently been extended to three years.

THE Training-School of the Provident Hospital of Chicago recently graduated a class of seven nurses (colored), the exercises being held in the Institu-

tional Church. The addresses were by both colored and white speakers and were of a high order of excellence. It has been the custom for many years for the nurses of the Wesley Hospital (white) to relieve the nurses of the Provident Hospital upon the occasion of their graduating exercises, and the Provident nurses return the courtesy when the Wesley Hospital nurses graduate. The graduates were Tommie Etta Stokes, Margaret Edna Brown, Emily Gertrude Brockway, Wilmay Etta Pitts, Blondelle Kibby, Jessie Hickman Williams, Lottie Esther Lockhart.

THE Training-School of the Amsterdam Hospital, N. Y., held interesting graduating exercises on November 18, when the following young ladies were awarded diplomas: Miss Dorothy M. Hugo, Miss Anna Marie Sanders, Miss Minnie Sherman Grant, and Miss Ella May McHefley. The exercises were opened by prayer by the Rev. Putnam Cady. There was delightful music by a sextette of male voices, and addresses by the Rev. James M. Hutchinson, Dr. Hicks, and President Van Buren. Mrs. Lingenfelter, the superintendent, presented the class pins.

MISS MAY H. BENNETT, staff nurse of the operating-room, Minnicka Hospital, Pueblo, Colo., has resigned and is to be succeeded by Miss Hannah Miller, of Philadelphia. Miss Bennett's resignation is much regretted by the management, which she has served faithfully for the past two years. Miss Bennett recommended her own successor, who was elected.

MISS CAROLINE A. TAYLOR, a graduate of the Hospital of the University of Pennsylvania Training-School for Nurses, Class of 1899, has accepted the position of superintendent of the Training-School in the Church Home and Infirmary, Baltimore, Md. Miss Taylor won the medal in her class given for those making ninety-five per cent.

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#### PERSONAL

MISS ELIZABETH HATLOW, who is a graduate of the Massachusetts General Hospital, Class of 1900, sailed for Europe October 17. Miss Hatlow will be away about one year, during which time she will visit places of interest in England, Scotland, and France.

MISS ALICE TWITCHELL, who for eight years has been superintendent of the S. R. Smith Infirmary, Staten Island, N. Y., has tendered her resignation. Miss Twitchell graduated from the New York Hospital.

MISS H. COLLINS, graduate of the New York Training-School, has gone to Berlin. She will be away for a year, and will take in the International Congress of Nurses, which convenes there next June.

MISS L. M. WYGANT has accepted the position of assistant superintendent of the West Pennsylvania Hospital, Pittsburg, Pa. Miss Wygant is a graduate of the New York Hospital Training-School.

MISS MARGARET F. JAGGER, graduate of Bellevue Hospital, N. Y., has left her long case and is now at 416 East Twenty-sixth Street, where she will be pleased to see all her friends.

MISSES FLANNIGAN and Gallagher, University of Maryland, have accepted the positions of superintendent and assistant superintendent at Salisbury Hospital, Salisbury, Md.

MISS WILHELMINA HAMILTON, graduate of the Class of 1903, Protestant Episcopal Hospital, Philadelphia, is night superintendent of the Ellis Hospital, Schenectady, N. Y.

MISS ELIZABETH M. REID, a graduate of the Massachusetts General Hospital, has recently been appointed superintendent of nurses at the Lowell, Mass., General Hospital.

MISS GRACE RUSSELL, a graduate of the Lakeside Hospital Training-School, Chicago, has accepted the position of assistant superintendent of that hospital.

MRS. K. C. LUCAS, Class of 1892, University of Maryland, has accepted the position of superintendent of nurses, Bay View Hospital, Baltimore, Md.

MISS E. E. GOLDING, of the New York Hospital Training-School, is spending the Christmas holidays in her home in New Orleans, La.

MISS GILLILAND, University of Maryland, has resigned the position of superintendent of Twin City Hospital, Winston-Salem, N. C.

MISS LA RUE MAXEY, of Vicksburg, Miss., has accepted the position of superintendent of the Berlin Hospital, Pa.

MISS MAY ABBOTT, a Lakeside graduate, has been appointed head surgery nurse in that institution.

MISS A. E. STOEY has gone to Cleveland, O., to engage in private nursing.



DISEASES OF HOUSE OFFICERS IN HOSPITALS.—William R. P. Emerson presents certain conclusions from a study of this subject. The records indicate that the danger to house officers of pneumonia, phthisis, or typhoid fever is very small. Nasopharyngeal and febricular affections occur in the ratio of twelve to one. The danger of infection in the examination of moist cultures and sputum is very slight. In a six-months' service the chance of diphtheritic infection is one in two, of scarlet fever infection, one in seven. The influence of improved living quarters and facilities for proper exercise upon the health of men is marked. The sense of fatigue occurs most often in the hospital as the result of nervous tension and indoor air rather than of muscular exhaustion, and is relieved by proper exercise and baths.—*The Boston Medical and Surgical Journal*.

TYPHOID FEVER AT THE UNIVERSITY OF CHICAGO.—President Harper, of the University of Chicago, has warned the students against a typhoid fever epidemic at the university. Several cases of fever have developed in the last few days, and the authorities, fearing an epidemic, have made strenuous efforts to stamp out the disease before it gets a firmer hold among the students. At a special meeting of all the students, recently held, Dr. Harper personally asked university men and women to do all in their power to help the authorities in their efforts to rid the university of the disease and prevent the classes having to be broken up and the students sent to their homes. The students were asked to leave boarding-places where the water was not boiled and to take all other precautions.—*Medical Record*.



## THE GUILD OF ST. BARNABAS

IN CHARGE OF

S. M. DURAND

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MOST sanitariums are far from being the most cheerful places for a well person to live in, however great the benefit they may afford the sick, and the establishments at hot springs which are to be found all through Western Europe are no exception to this rule. At the well-known Baths of Louèche, in Switzerland, where most of the patients spend the day in a hot bath playing checkers and other games on small floating tables, one may see countless pathetic cases of physical and mental helplessness. During the evening table d'hôte dinner, which prevails here, as everywhere else in Swiss hotels, one will probably find that the neighbor at his right must have his food cut up for him, while a still more helpless man on the left cannot even convey the food to his mouth.

The bib, usually associated with early childhood, is a necessary adjunct here for very many of the guests. Then, too, there is a constant accompaniment of almost inarticulate talk, which is rendered the more difficult to understand by reason of the variety of languages spoken by the invalids.

Louèche-les-Bains, or Leukerbad (for it is known by both names), is a tiny village consisting of three hotels, the baths, and a few villagers. All sorts of invalids go there, including many paralytics. It is enclosed in a valley situated at the foot of the Gemmi Pass. A winding foot-path leads up the face of the cliff to the top of the Pass. The scenery is of the grandest description, and many walks and excursions may vary the monotony of existence here, and those in love with mountain climbing may satisfy that longing in several directions. Passing through fresh groves and admiring the Alpine flowers, one ascends above these spots and obtains a view which more than repays him for his exertions.

In winter everything is covered with snow, and the numerous cascades form great masses of ice suspended from the rocks like stalactites. In spring the thaw comes, and the avalanches descend into the valley with a noise like thunder. Severe storms are frequent here, and the dense, dark clouds, from which issue flashes of lightning, make a solemn and striking effect on the mind of the beholder.

Let us hope these beauties of nature are some comfort to those taking the baths.

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WE print an extract from Dr. Ingalls's paper, and hope to continue our quotation next month. This paper was read at the late council in Hartford, and being the fruit of much experience must have been full of interest for those who heard it.—Ed.

It was my fortunate privilege to enter the profession of medicine in the days when training-schools were in their infancy, and only a few of the larger hospitals in this country had taken them up. I think that perhaps very few of you

here know how institution work was done at that time, but it has left a very vivid impression on my mind. The modern hospitals, with their well-equipped facilities for receiving the better class of patients in their private rooms, were just beginning to be built in the larger cities. The operations were then operations of necessity, and many cases which now are subjected to surgical interference were not thought proper to be received for operation, and the results of work performed were far below those obtained to-day.

Again, it was not the custom for so many *medical* cases to be sent to hospitals for treatment. Sick people were treated in their own homes, and the hospitals were only in the main occupied by the poor and friendless, and the necessity for skilled nursing was not recognized. The sick at home were nursed by friends and relatives, the professional nurse was a rarity, and the trained nurse for private work an undiscovered article.

My first hospital appointment was in a small hospital of forty beds, with the medical and surgical service equally divided, the preponderance, if any, being in favor of surgical patients. A very good woman who had had some experience in taking care of the sick was in charge. She was not head nurse or superintendent, but was called matron, and had a general oversight of everything. We had a male nurse in the male ward and a so-called nurse in the female ward, and, seeing how we carry on our institution work to-day, I can but wonder at the way we got along then. These people had received absolutely no instruction in the theory or art of caring for the sick, and as for rendering modern surgical assistance, they were in no way educated for the position. They were simply good, faithful people, endowed with good common-sense, loyal to the medical officers, punctilious in carrying out orders, and gave their patients the best service permitted by their limited knowledge. How did we get along? for get along we certainly did, and our results were very satisfactory. Of course, the medical attendants at the hospital had to have a larger personal contact with the patients, and attended to a much greater share of the detail work than is done now; but these people learned to take care of their patients, their good common-sense taught them to watch for symptoms, and not having the medical and surgical responsibility placed upon them, they were not confounded by too much theoretical knowledge; their tact stood them well in hand, and holding the same position year in and year out, they became beautifully adapted machines, and the work went on with a degree of smoothness and success which is hard to realize, and perhaps would be impossible to-day.

Finishing a term in this smaller institution, I was a successful competitor for a position in one of the large New York hospitals, whose work was altogether surgical and whose list of visiting surgeons carried the names of the most prominent men of this country in their chosen specialty. Here was a different proposition. Bellevue, Charity, and New York Hospitals had started their training-schools for nurses, and our hospital was still sailing on under the old-fashioned methods of the previous decade. On the one hand, the young, intelligent, well-educated, neatly uniformed pupil of the training-school, with her bright, cheering smile, her deft hands, and her theory well mastered, administering the drugs whose use she had studied and understood, making the surgical dressings after the most approved methods taught her by her instructor in surgery, keeping her charts and clinical histories in an intelligent and professional manner, certainly gave an air of thoroughness and exactness to the care of hospital cases which lessened the hard work of the medical men and had a great deal to do with the improved statistics of hospital results. On the other hand, the good old nurses,

limited in education, to be sure, but tried and found trusty by their long years of service, not looking forward to the end of their two years of pupilage for personal independence, satisfied to stay in the same ward year in and year out, the personal experience of hundreds and hundreds of cases to give them their confidence, and each year adding to their good record of faithful and devoted service, were most valuable aids and gave the men in charge of the work a feeling of the greatest confidence that their work would be looked after and cared for with a painstaking, unselfish devotion which would bring good results.

I was fortunate in entering on my work in the old days under the old methods. It was an education.

To-day we have in every city of consequence one or more schools, and the profession of nursing has become one of the well-recognized, noble, and dignified professions, and offers to the young woman of to-day advantages and opportunities of taking up a life work full of responsibility and requires on the part of those entering as much, if not more, stability of character and purpose as any field of labor which could be selected.

A young woman of good education, of good bringing up, with some good, practical ideas of her own, and a feeling that she desires not only to be independent from a financial standpoint, but that she wishes to accomplish some definite aim in life, and is willing to work for such an end, can find a magnificent opportunity and can enter upon a field of usefulness in the ranks of a profession which is second to none, and in which there is as much to bring satisfaction for work accomplished as any profession open to the women of our day.

(To be continued.)

ORANGE, N. J.—On account of Thanksgiving Day falling on our usual date, our meeting was advanced a week and held on November 16 at Christ Church, East Orange. The address was made by the rector of the parish, the Rev. W. W. Davies. Four active and two associate members were admitted. The business meeting was held in the parish-room adjoining the church. The report of the council meeting in Hartford was given by the active delegate, Miss C. Benz, and, while we shall all in due time receive a full account in detail of all that was said and done there, a word of thanks and appreciation cannot be left unsaid by those who were so fortunate as to be the recipients of the cordial and profuse hospitality extended to all comers by the Hartford Branch. Every minute of the time had been provided for, and there were details of nurses to see to every one's wants. Our own calendar is now in circulation, and forms a reminder for all future meetings, while it also reveals several pleasant social events for the coming year. The sewing meetings commence December 10 and will be held monthly at various appointed houses, the objects being for the fresh air and settlement work. As is already known, the scheme which had engaged the earnest attention of the Orange Branch, to make some provision for the nurse when incapacitated from supporting herself, has been laid in the hands of a committee of five, who, it is hoped, will be able to frame such a project as will commend itself to every nurse now in active service, looking to the future of possible breakdowns and ill-health, and receive the hearty support of all in the guild, not so much that we look for misfortune ourselves, but that we shall be in the position of helping less fortunate sisters who might otherwise have to depend on the charity of others.

BROOKLYN.—The most interesting item concerning the Brooklyn Branch of the Guild of St. Barnabas centres in the council held in Hartford in November. The chaplain, secretary, and one delegate were present, being a full representation of the branch. The unanimous opinion of those present was expressed that the council exceeded all other councils in interest, and as year by year the same assertion is made, the increasing interest in the guild, both within and without its bounds, is shown. The hospitality extended by the Hartford Branch was duly appreciated by all branches. The Brooklyn Branch was most favorably impressed with the evident desire on the part of our entertainers to cause us to carry away the permanent assurance of the good will of the city of Hartford. The guild meetings are regularly held, with attendance as good as can be expected where the nurses are kept so busy, making it almost impossible to arrange for any special event; consequently, after the service, the social half-hour, which is held in the Parish-House, is always enjoyed by those who are able to remain for a cup of tea and light refreshment. This keeps the nurses in touch with each other and in the interest of the guild.

BOSTON.—The regular November meeting of the Boston Branch of the Guild of St. Barnabas, having been postponed, was finally held on December 1, 1903, at eight o'clock at St. Stephen's Parish-House. It was a long and most interesting meeting, as Mr. Bishop, the chaplain of this branch, gave a graphic account of the proceedings of the General Council, which met at Hartford. Various plans were discussed by the chaplains as to how best to benefit the nurses and carry on the work of the guild. It was apparently decided that the guild support a missionary nurse, and there is also a suggestion of an insurance organization which shall help the sick or incapacitated nurses. The account of the hospitality extended to the guild was received with much interest by the meeting, which was, by the way, very large. Plans were also set on foot for the Christmas party, and the same committee which greatly distinguished itself last year was reappointed. After the business meeting a service was held in the church, at which Mr. Bishop officiated. The text for the sermon was "The peace of God, which passeth all understanding," and we were urged to cultivate peace as our Advent discipline. After the service the usual social gathering was held in the guild-room of the Parish-House. The attendance was unusually large, and among the other things discussed at the business meeting were the matter of calling in new members, which the committee already appointed were to take up; also the amount we should pledge for a mission nurse. St. Barnabas's Bee has already had one meeting at St. Anna's House, and it is to be held regularly, as heretofore. One of the associates kindly invited us to use her rooms at the Brunswick for our next bee. The members of the guild are not able to attend the bee with much regularity, but we all like to come when we can.



A FRIEND tells the following truthful tale about a parrot which had been taught to say "Quack, quack," when questioned about geese. The parrot spent the summer in a doctor's family, where the wife tried to teach it to say "doctor," but invariably the bird answered, "Quack, quack."

## OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF

MARY E. THORNTON

120 East Thirty-first Street, New York City



[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its regular reading pages from sixty-four to eighty, and it must keep within these limits. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—Ed.]

### THE INTERNATIONAL COUNCIL OF NURSES

A MEETING of the Organizing Committee of the forthcoming Quinquennial Meeting of the Grand Council of the International Council of Nurses, to be held in Berlin in June, 1904, was held at the Matron's House, St. Bartholomew's Hospital, London, on Tuesday, October 22, at which the president, Mrs. Bedford Fenwick, presented the following report:

#### THE REPORT.

"Since the meeting of the officers of the International Council of Nurses, held at Buffalo, U. S. A., in September, 1901, I have been in constant communication with the honorary officers and honorary vice-presidents of the Council.

"*In Great Britain.*—Miss Isla Stewart, honorary vice-president, has done much to encourage coöperation among trained nurses by the active part she has taken as president of the Matrons' Council of Great Britain and Ireland and of the League of St. Bartholomew's Hospital Nurses, and it is gratifying to report that the matrons of several important training-schools have stimulated the desire for coöperation among the nursing staffs, and taken the initiative in helping them to form leagues for professional and social intercourse. Miss Stewart is in favor of strengthening the bonds of union among certificated nurses by some form of affiliation between the leagues which would bring the nurses of the various schools into touch by coöperation, and thus upon a wide and liberal basis founded on the graduate vote enable nurses to meet and discuss in a helpful manner their professional and social affairs, out of which coöperation it is hoped that a National Council of Nurses for the United Kingdom might in time be evolved on thoroughly representative lines—Scotland and Ireland forming branch or national councils if so inclined.

"Letters have been addressed suggesting some form of affiliation to the presidents of existing Nurses' Leagues in England by Miss L. L. Dock, the honorary secretary of the International Council of Nurses.

"*In Scotland and Ireland.*—Coöperation among nurses is practically non-existent in Scotland and Ireland. This is the more disappointing as there are many able women holding positions of authority in nursing circles in both countries whose efforts would, I feel sure, be crowned with success if they would take the initiative in either forming Councils of Matrons or Leagues of Nurses

in connection with the many excellent training-schools which now exist in both countries.

*"In the United States of America.*—In the United States of America the nursing profession is effectively organized on coöperative lines, and the two great national societies of nurses—the American Society of Superintendents of Training-Schools for Nurses and the Nurses' Associated Alumnae of the United States (that is a society of affiliated leagues)—have come together by delegation and formed the American Federation of Nurses (in effect a National Council of Nurses), which is ready and willing to affiliate with the National Councils of Nurses of other countries when formed, and thus to compose the International Council of Nurses, as provided for in its existing constitution.

"As the result of the solidarity of the nursing profession in the United States, and the respect which it engenders in the public mind, State registration of nurses has been effected in four States of the Union during the present year.

*"In Australasia* effective coöperation exists in New South Wales and Victoria among trained nurses through association in the Australasian Trained Nurses' Society, the Victorian Trained Nurses' Association, the Prince Alfred Hospital Trained Nurses' Reunion, and the recently formed Australasian Matrons' Council, in the building up of which societies Miss S. B. McGahey, honorary vice-president, and Miss M. D. Farquharson, councillor, have worked untiringly.

*"In New Zealand.*—The profession of nursing has been put on a legal basis in New Zealand by act of Parliament, a bill for the registration of trained nurses having been passed in 1901 by which a minimum standard of education and qualification in nursing has been defined. Mrs. Grace Neill, councillor, to whose efforts legislation was largely due, has been appointed Deputy Registrar for the Colony, and is of opinion that the system of registration by the State has already proved of great benefit to the community.

*"In Canada.*—The growth of coöperation among nurses is slow, but is proceeding on alumnae lines. Owing to its geographical position it has participated in much of the progress effected by Canadian women trained and holding high professional positions in the United States. Canadian matrons coöperate with their American colleagues, and together form the American Society of Superintendents of Training-Schools, and the courtesy of social amenity is constantly exchanged between leagues of Canadian and American nurses.

"The honorary treasurer, Miss Agnes Snively, lady superintendent of the General Hospital, Toronto, is in warm sympathy with all that tends to create a deeper sense of professional responsibility among trained nurses, and is doing good work in encouraging coöperation among Canadian nurses.

*"In Holland.*—Miss L. Kruysse, honorary vice-president, takes a leading part in coöperative movements. A Matrons' Council is now formed in Holland, consisting of some forty members, which meets in friendly conclave; there are two associations of nurses, and great progress is being made in the professional and social well-being of Dutch nurses.

*"In Germany.*—Fräulein Hedwig von Schlichting, honorary vice-president, has met with keen opposition in her attempt to inaugurate professional coöperation among German nurses. But the spirit of progress is awake in the land, and already there are signs that in the near future the demand upon the part of trained nurses for a less conventual system of work must be conceded. The nurses who object to work in community are now known as the Free Sisters, and this little band of courageous women will, no doubt, with time and determination effect the liberation of trained nurses in Germany from conditions of labor which



are incompatible with the spirit of an age which demands responsibility for personal action.

"A school for hospital matrons in Germany has been organized by the sisters of the Bavarian Association of the Red Cross at Munich, of which Sister Clemantine von Wallmenich is head, and it has been entrusted with training matrons for all the German Red Cross homes; its constitution is wonderfully complete.

"*In India*.—Miss Charlotte Richmond Mill, lady superintendent of St. George's Hospital, Bombay, has accepted the invitation to act as honorary vice-president for India. Miss Mill held in this country the position of assistant matron at the Lewisham Infirmary, and had experience in India as a sister in the Plague Nursing Service.

"CONSULTATION WITH HONORARY SECRETARY.

"In August of this year I met the honorary secretary, Miss L. L. Dock, in conference at Amsterdam in reference to the necessary arrangements for the forthcoming meeting of the Grand Council at Berlin in June, 1904, when the honorary officers for the next quinquennial period must be elected, and reports received of the condition of nursing in the various countries represented in the International Council.

"I beg to suggest the following ladies be nominated for election for the positions as honorary officers:

"PRESIDENT.

"Miss Susan B. McGahey, graduate London Hospital Training-School for Nurses, London; honorary vice-president for Federated Australia; lady superintendent of Prince Alfred Hospital, Sydney; president of the Prince Alfred Hospital Trained Nurses' Reunion; late honorary secretary Australasian Trained Nurses' Association, and its delegate to the International Council of Nurses and Congress, Buffalo, U. S. A., 1901; honorary member Matrons' Council of Great Britain and Ireland; member Australasian Matrons' Council.

"HONORARY SECRETARY.

"Miss L. L. Dock, the present honorary secretary, has consented to stand for reelection.

"HONORARY TREASURER.

"Miss Margaret Breay, honorary secretary of the Matrons' Council of Great Britain and Ireland, late matron of the Metropolitan Hospital, London, and matron of the English Hospital, Zanzibar, assistant editor *British Journal of Nursing*, graduate St. Bartholomew's Hospital, London.

"AGENDA FOR THE QUINQUENNIAL MEETING.

"It is suggested that reports shall be invited from experts in the various countries on—

"1. Legislation effected for trained nurses—

(a) By State registration;

(b) Under government departments in the army and navy.

"2. Education.

To define a curriculum of education and a minimum standard qualifying for registration as a trained nurse.

"ETHEL G. FENWICK.

"President."

The report was adopted.

Interesting letters were then read from Mrs. Gordon Norrie, of Denmark; Miss L. L. Dock, honorary secretary; Miss S. B. McGahey, New South Wales; Mrs. Dita Kinney, War Office, Washington; Miss Harriet Fulmer, Chicago; Mrs. Neill, New Zealand; and Dr. Anna Hamilton, Bordeaux.

The arrangements for the Quinquennial Session to be held in Berlin in June next were considered, and names suggested of ladies to be invited to contribute reports on legislation and education, as proposed in the president's report.

Miss Mollett, who was present, stated that, according to arrangement, she had made inquiries concerning the cost of a ten days' visit to Berlin to attend the meeting of the International Council of Nurses and International Congress of Women, and was prepared to organize a party of nurses of not less than twenty. This offer was gratefully accepted.

The meeting then terminated.

E. G. F.

#### REPORT OF HOSPITAL ECONOMICS COURSE FOR NOVEMBER, 1903

*To Miss Banfield, Chairman.*

Miss Nutting gave her course of lectures on Thursday and Friday, November 12 and 13. Not only were the lectures intensely interesting, but Miss Nutting seems to fill every pupil with new inspiration.

Dr. Fisher, of the Presbyterian Hospital, kindly invited the class to his lecture on "Hospital Plumbing." Miss Maxwell extended an invitation to take tea with her at the close of the lecture. Both invitations were accepted and greatly enjoyed.

The Thanksgiving holiday shortened our work for the month, and but one excursion was taken, which was to Roosevelt Hospital. Miss Samuel gave a half-hour talk, after the visit through the buildings, on the work of the hospital and Training-School. This always proves of great benefit in that the special features of the place are better understood by the students.

Invitations were received to attend the anniversary exercises of the Presbyterian Hospital and the opening of the new buildings of the City Hospital on Blackwell's Island.

Money received for the month, fifty dollars from the Graduate Nurses' Association of Cincinnati, O.

Subjects for the lessons for the Speyer School Club:

1. "General Outline of the Body," Miss Douglass.
2. "Digestion: Organs, Digestive Fluids, and Hygiene," Miss Kelly.
3. "Foods: Composition, Classification, etc.," Miss Balcom.
4. "Circulation and Respiration—Demonstration," Miss Coleman.
5. "Tuberculosis," Miss Shaw.
6. "Elimination," Miss MacLennan.
7. "Personal Hygiene," Miss Baker.
8. "Cleansing Baths—Demonstration," Miss Stotz.
9. "Care of Hair, Care of Teeth," Miss Jewell.
10. "Bed-making—Demonstration," Miss Ahrens.
11. "Bedsore," Miss Paterson.
12. "Local Applications," Miss Krueger.
13. "Medical Emergencies," Miss Parish.
14. "Common Poisons," Miss Douglass.
15. "Surgical Emergencies," Miss Krueger.

16. "Bandaging," Miss Kelly.
17. "Organs of Special Sense," Miss Paterson.
18. "Typhoid Fever," Miss Shaw.
19. "Organs of Generation," Miss Wheeler.
20. "Preparation for Motherhood," Miss Wheeler.
21. "Care of the Mother," Miss MacLenna.
22. "Care of New-Born Child, First Two Weeks," Miss Jewell.
23. "Care of Child, the First Year," Miss Ahrens.
24. "Diseases of Childhood," Miss Baker.
- 25 and 26. Subjects to be assigned after further development of the course, to be given by Misses Balcom and Parish.
27. "Liquid Diet—Demonstration," Miss Stotz.
28. "Light Diet—Demonstration," Miss Paterson.
- 29 and 30. "General Diet—Demonstration," Miss Paterson and Miss Coleman.

(Signed) ANNA L. ALLINE.

#### REPORT OF THE STUDENTS.

Since the last issue of the JOURNAL Miss Nutting and Miss Banfield have visited Teachers College and lectured on "History of Nursing" and "Hospital Organization and Management." The lectures were not only of much profit, but were attended with much interest as well by members of the class.

Meeting and gaining information from one who has made a study of, and personally come in touch with, the work of the nursing world in its various branches, as Miss Nutting has, cannot fail to deepen our interest in, and impress upon us the importance of, history as a factor in preparation for broad work.

Miss Banfield's lectures on "Hospital Organization and Management" were especially helpful in that the work was presented from many points of view and touched every phase of hospital life.

(Signed) THE COMMITTEE OF STUDENTS.

#### THE NURSES OF MARYLAND FORM A STATE ORGANIZATION

ABOUT two years ago the superintendents of the training-schools of Maryland and the presidents of the alumnae associations met at the Johns Hopkins Hospital to devise plans to form a State association, the main object being to procure State registration. Although nothing definite was accomplished at this meeting, it was the means of bringing the question before the nurses of Maryland. On November 16, 1903, another meeting was called at the Johns Hopkins Hospital, when the superintendents of training-schools, presidents of the alumnae, and a few representative nurses formed a Preliminary Committee, and at once devised plans to bring the nurses of the State together at a public meeting. A committee was appointed to prepare a constitution and by-laws to be presented at this meeting. A committee was also appointed to prepare a bill to be presented to the Legislature at the next session, after having been presented and acted upon by the nurses at the public meeting.

On December 14, 1903, a public meeting was held in the New Assembly Room of the Arundell Club and nearly four hundred nurses were present, representing nearly every hospital and alumnae association in the State. Miss M. Adelaide Nutting, of the Johns Hopkins Hospital Training-School for Nurses, presided at the meeting and introduced the speakers, who were Mrs. William M. Ellicott, president of the Arundell Club; Judge Henry D. Harlan, of the Supreme Bench, and Dr. William H. Welsh, of the Johns Hopkins University.

Mrs. Ellicott welcomed the nurses and assured them not only of her own interest in an organization to procure State registration, but also of the interest of the Arundell Club.

Judge Harlan treated the subject from a legal standpoint, speaking particularly of the advantage to the profession in having a uniform standard of nursing established, which could be obtained only by a State board. He also encouraged the nurses by telling them that it was not only their privilege, but their right, that they should have State protection, as it is only just that the genuine nurse should be known from the counterfeit.

Dr. Welsh spoke from the physician's point of view, urging the nurses to immediate action, as without doubt State registration would be of as great an advantage to the nurses as it has been to the medical profession.

After a short intermission the meeting was called to order with Miss Nutting in the chair. It was voted that a State association be formed. The constitution, which had previously been prepared, was then presented, unanimously adopted, and the following officers were elected:

President, Miss M. A. Nutting, superintendent of the Johns Hopkins Hospital Training-School for Nurses.

First vice-president, Mrs. K. A. Taylor, superintendent of the University of Maryland Hospital Training-School for Nurses.

Second vice-president, Miss N. J. Lackland, president of the University of Maryland Alumnae Association of Nurses.

Secretary, Miss S. F. Martin, Robert Garrett Hospital.

Treasurer, Miss G. C. Ross, Johns Hopkins Hospital.

These officers with the following members form the Board of Directors of the Association:

Miss Shrive, superintendent of the Union Protestant Infirmary Training-School for Nurses.

Miss Parker, president of the City Hospital Alumnae Association of Nurses.

Miss Weitzel, University of Maryland Alumnae Association of Nurses.

Miss Woodward, president of the Maryland General Hospital Alumnae Association of Nurses.

The meeting then adjourned until Tuesday at ten-thirty A.M.

At the meeting on Tuesday the by-laws were presented and adopted. The bill which had been previously prepared by the committee was then presented, and with a few changes was adopted.

The nurses manifested great interest at both meetings, and all proceedings were conducted in a most business-like manner. They expressed their appreciation of having for their leader one who stands so high in the nursing profession. Already nearly two hundred members have been enrolled.

SARAH F. MARTIN, Secretary.

#### PENNSYLVANIA STATE MEETING

THE Graduate Nurses' Association of the State of Pennsylvania will meet in Harrisburg on Wednesday and Thursday, January 27 and 28. This is the most central location yet secured, and all nurses are urged to take advantage of this and be present, especially those who have not attended the former meeting. A number of prominent people have been invited to address the assembly, and the entire programme promises to be both entertaining and instructive.

We regret to say that it was found necessary to abandon the scheme of

printing the report of the last meeting in Pittsburg as announced in the last number of the JOURNAL.

MRS. GEORGE O. LOEFFLER, Chairman Press and Publication Committee.

NOTICE

IN preparing the list of members for the annual report of the American Society of Superintendents of Training-Schools the secretary finds herself lacking any address for the members whose names follow:

Miss M. B. Brown.

Miss A. D. Schultze.

Miss Bertha May Smith.

Miss Ada J. Taylor.

Insufficient addresses are given in the two following instances:

Miss E. B. Clark, Toronto, Ont.

Miss Elizabeth Fleming, Providence, R. I.

It will be helpful to the secretary and treasurer if these members will kindly supply their present addresses.

M. A. NUTTING, Secretary,

Johns Hopkins Hospital.

SPANISH-AMERICAN WAR NURSES

THE resignation of Mrs. Harriet Camp Lounsbury as treasurer and corresponding secretary of the Spanish-American War Nurses is announced. Miss Rebecca Jackson, of Overbrook, Pa., has been elected by the Executive Committee as her successor, and all money should be sent to her.

The society is informed that at the annual meeting of the Spanish War Veterans at New Haven, in September last, the following resolution was introduced by Major Frank W. Hendley, surgeon-general of that organization, and passed:

"WHEREAS, For the first time in the history of this organization the society known as the Spanish-American War Nurses' Association has seen fit to hold its convention at the same time and place as this order; and

"WHEREAS, The main object and purpose of these two orders are to preserve the memories of the war with Spain and to foster a broad spirit of patriotism and humanity; now, therefore, be it

"Resolved, That the soldiers and sailors of the Spanish War will ever hold in grateful remembrance the invaluable service and devotion to duty which was constantly exhibited by the women who ministered to the sick and disabled in the camps, hospitals, and hospital-ships during our service, and we extend to them our hearty greetings and congratulations; and further

"Resolved, That the National Army and Navy Spanish War Veterans, in annual convention assembled, extends greetings to the Spanish-American War Nurses' Association and wishes them a hearty God-speed in their work; and further

"Resolved, That these resolutions be spread upon the minutes and a copy transmitted to the Spanish-American War Nurses' Association."

ANITA NEWCOMB MCGEE,

President Spanish-American War Nurses.

THE ASSOCIATED ALUMNÆ

THE Executive Committee would remind societies of the advisability of electing delegates who are to be their representatives at the Seventh Annual

Convention now, in order that those delegates may become, in a measure, conversant with the questions that will come up for discussion and vote. The committee will be pleased to receive any suggestions, particularly upon subjects that might be placed before the open meeting. Such suggestions or requests may be sent to the secretary.

M. E. THORNTON.

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#### ANNUAL MEETING OF STOCKHOLDERS

THE annual meeting of the stockholders of THE AMERICAN JOURNAL OF NURSING Company, for the election of directors for the ensuing year and for the transaction of such other business as will properly come before the meeting, will be held at the office of the Company (Grill Room), 299 Henry Street, Borough of Manhattan, City, County, and State of New York, on Thursday, January 21, 1904, at two o'clock in the afternoon. Books for the transfer of stock will be closed on January 11 and from that date to January 22.

A. D. VAN KIRK, Secretary.

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#### SCHOOL NURSES' RECEPTION

THE school nurses of New York City gave a reception to Dr. Lederle on December 8, 1903, the occasion being the anniversary of their first year's work. It was held in Mendelssohn Hall, which was prettily decorated. About one hundred and fifty guests were present, among them being Dr. and Mrs. Lederle, Dr. and Mrs. Cronin, Dr. Fisher, Miss Wald, Miss McDowell, Mr. Bell, Mr. and Mrs. Nathan, and others.

The nurses who received with Miss Rogers were Miss Munn, Miss Price, Miss Oakley, Miss Gregg, and Miss Andrews. Music and dancing were enjoyed and refreshments served.

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#### OHIO STATE MEETING

THE regular meeting of the Graduate Nurses' Association of Cincinnati, O., was held on Wednesday, November 25, at three P.M., the president, Miss Greenwood, in the chair. A report was read from the Committee on Incorporation, stating that the articles of incorporation had been filed in Columbus. A letter was read from Miss M. E. Banfield acknowledging the receipt of fifty dollars from the association for the Hospital Economics Course. It was moved by Miss Fisher, seconded by Miss Brace, and carried unanimously that a call from the association be sent out to the graduate nurses of Ohio for the purpose of holding a general meeting with the object of forming a State association. The following circular has been sent out, and it is hoped that Miss Sophia F. Palmer, editor of THE AMERICAN JOURNAL OF NURSING, will address the meeting:

"GRADUATE NURSES' ASSOCIATION OF CINCINNATI,

"CINCINNATI, December 7, 1903.

"A meeting for the purpose of organizing an Ohio State Nurses' Association will be held in the Library of the Cincinnati Hospital, corner Twelfth Street and Central Avenue.

"The meeting will be called at two P.M., Wednesday and Thursday, January 27, 28, 1904.

"All alumnae associations, nurses' clubs, and schools having no organized associations are earnestly requested to send delegates. All resident graduate nurses in the State of Ohio are invited to be present and take part in the dis-



cussion. The ultimate object in organizing a State society is to secure legislation for the advancement of the nursing profession.

"All communications to be addressed to Elizabeth M. Hartsock, secretary, No. 626 West Sixth Street.

"MARY HAMER GREENWOOD,

"OLIVE T. FISHER,

"ELIZABETH M. HARTSOCK,

"Committee on Circular."

#### REGULAR MEETINGS

DANBURY, CONN.—The regular meeting of the Graduate Nurses' Association of the Danbury Hospital was held at the office of Dr. Annie K. Bailey on November 18, 1903. Being the anniversary of the association, the first business in order was a review of the year by the presiding officer, special attention being called to publications in connection with the association during the year—viz., the constitution and by-laws of the association; the little booklet on "Precepts," an outline of the discourse given before the association by Dr. Bailey when the regular meeting fell on the Sabbath, January 18, 1903; the publication of the closing song of the association for worship, written by Miss Marion Thornton, of Danbury; the publication of the Nurses' Working Song, also written by Miss Thornton, nearly fifty copies of which were distributed at the hospital service on Sunday, October 18, held under the direction of the Nurses' Association, and given as a token of remembrance of the occasion as expressive of the sentiment, "Our Best Gift is a Portion of Ourselves," whether in the form of service, best wishes, or the unconscious influence of our true character; also the publication of a manual of parliamentary law for the use of the association and its larger and more extended use. It was voted that "The Graduate Nurses' Association of the Danbury Hospital" extend greeting through THE JOURNAL OF NURSING to the nursing profession, and suggest that they adopt as a body our "Closing Song" for their own use, that near and far there may be that beautiful bond of unity as expressed in the last verse, and that a copy of the words be sent to Miss Thornton asking for their publication in THE JOURNAL for this purpose. The meeting adjourned at half-past four o'clock.

#### CLOSING SONG FOR "THE GRADUATE NURSES' ASSOCIATION OF THE DANBURY HOSPITAL."

BY MISS MARION THORNTON,

Danbury, Conn.

(Tune, "Boylston;" short meter.)

O Thou Almighty One,  
How glorious Thou art!  
We own Thee as our Gracious King,  
Enthroned in every heart.

Thy people have been blessed  
In every time and place;  
For Thou hast been their present help,  
Their Wisdom, Strength, and Grace.

Still grant Thy favor, Lord,  
 Supply each needed gift;  
 We would in Thy Strong Hand be used  
 Thy loved world to uplift.

Onward and ever up  
 We press at Thy command;  
 The best is but enough from those  
 Who in Thy service stand.

Our hearts together bound,  
 So would we do Thy will;  
 And listening to the Spirit's voice,  
 Thy purposes fulfil.

FORT WAYNE, IND.—The first meeting of the new Indiana State Nurses' Association was held Friday afternoon at Hope Hospital. The organization was perfected by the adoption of a constitution and set of by-laws and sixty-one members were enrolled, the membership representing the cities of Indianapolis, Evansville, South Bend, Terre Haute, Decatur, Franklin, and Fort Wayne. The election of officers resulted in the selection of the following: President, Mrs. E. G. Fournier, superintendent of Hope Hospital, Fort Wayne; first vice-president, Miss M. Henderson, of Union Hospital, Terre Haute; second vice-president, Miss L. Hill, Fort Wayne; secretary, Miss M. Scott, Indianapolis; treasurer, Miss F. Grant, of the City Hospital, Indianapolis. The following were appointed chairmen of the standing committees, with power to select their own associates: Nominating Committee, Miss C. Speechly, 422 West Fourth Street, Fort Wayne, Ind.; Arrangement Committee, Miss M. Scott, Lexington Place, Indianapolis, Ind.; Credential Committee, Miss E. Johnson, 825 Christian Place, Indianapolis, Ind.; By-law Committee, Miss S. Bolten, Evansville Sanitarium, Evansville, Ind.; Legislation Committee, Sister Stella, St. Vincent's Hospital, Indianapolis, Ind.; Publication Committee, Miss A. Clark, 422 West Fourth Street, Fort Wayne, Ind. Upon the invitation of Miss Johnson, delegate from Indianapolis, the nurses decided to hold the next meeting at the State capital early in the new year. After being installed in office Mrs. Fournier made an excellent address, urging the importance of the work of the association and expressing her elation over the success of the organization and over the excellent prospects for the future. Dr. Miles F. Porter, of Fort Wayne, also addressed the nurses in an exceedingly interesting talk on the objects and advantages of organization. At the close of his remarks the nurses gave him a hearty vote of thanks. At the close of the session the nurses of the Hope Hospital Training-School entertained the members of the association at the Nurses' Home. The rooms were handsomely decorated and a luncheon was served. A number of toasts on subjects of interest to the gathering were responded to.

CLEVELAND, O.—The Graduate Nurses' Association of Cleveland had a very enthusiastic meeting on Tuesday, November 24, the president, Miss Brockway, in the chair. Miss Lauder Sutherland gave a full report of what is being done in other cities regarding registries for nurses. About one hundred nurses were present and voted unanimously for the establishment of a central registry if investigation showed that conditions in Cleveland were such as to make it

possible. The matter was then placed in the hands of the following committee: Miss Lauder Sutherland, chairman; Miss V. V. Lewis, Miss Lynden Mackie, Miss E. M. Ellis, Miss Elizabeth Hirschberg. The following nurses were recommended by the Executive Committee and admitted by ballot: Miss E. M. Ellis, Massachusetts General; Miss Minna Russell, Royal Victoria, Montreal; Miss Grace Houghton, Montreal General; Miss E. G. Harwood, Montreal General; Miss A. Van Buskirk, Montreal General; Miss Adella Fridenstein, Massachusetts State. The association then gave a hearty vote of thanks to the president, Miss Brockway, who resigns to be married and will live in Chicago. Miss V. V. Lewis, first vice-president, was appointed to fill the chair for the balance of the year, after which the meeting adjourned until the last Tuesday in December.

NEW YORK.—A meeting for the organization of an alumnae association of the Hahnemann graduate nurses in New York was held at the Hahnemann Hospital, on Park Avenue, November 19, 1903, at three p.m., with Miss Alma Weller in the chair. Officers were elected as follows: President, Miss Alma Weller; vice-president, Miss Mary Philips; secretary, Miss Frances P. Lurkins; treasurer, Miss Margaret Worth. Miss Elizabeth Telford, superintendent of Hahnemann Hospital and Training-School, was made honorary member of the association. A Committee on Constitution and By-Laws was appointed, consisting of Miss Mary Jackson, Miss Grace E. Pringle, Miss Juliet Violener, and Miss Sarah E. Williams, with Miss Anna B. Walton as chairman, committee to report at next meeting, which will be held at the hospital the second Thursday in December. After adjournment light refreshments were served in one of the parlors of the hospital, where a pleasant hour was spent among old associations. Much gratitude is felt on account of the enthusiasm displayed on the subject of organization by nurses, doctors, and friends. The meeting was largely attended, and many regrets were received from those unable to attend.

BOSTON.—The Alumnae Association of the Boston and Massachusetts General Hospital Training-School for Nurses celebrated the thirteenth anniversary of the founding of the Training-School on the evening of November 24, 1903, in the New Out-Patient Building. The rooms were very prettily decorated with palms and evergreens. A large number of guests were present, and a number of the early graduates, among them Mrs. M. Johanneson, who is a member of the first class. Miss M. E. P. Davis, who presided, introduced as the first speaker Mrs. C. P. Curtis, a member of the original Training-School Board, who told of the work done in establishing the school. Miss Linda Richards, the first superintendent of the Training-School, who was also a trained nurse, spoke of many of the difficulties which were met and overcome in the early days of the school, bringing out very clearly the difference between the work of the trained and the untrained nurse. Dr. Richard C. Cabot spoke of the progress which has been made by the school and gave many valuable suggestions about the education and work of nurses. An informal reception with music and refreshments followed the literary part of the programme.

SYRACUSE, N. Y.—The adjourned monthly meeting of the Alumnae Association of the House of the Good Shepherd was held at the Nurses' Home, 105 Waverly Avenue, at three p.m., on December 5, 1903. About sixteen members attended. One new member, Miss Madge Wolcott, was admitted, making a total membership of fifty-three. By resolutions duly made and carried it was voted to send a

donation of ten dollars to the Teachers' Course at Columbia College, and also that ten dollars be forwarded to Miss Mary S. Gilmour as a contribution towards the testimonials to be given by the New York State Nurses' Association to Senator Armstrong and Miss Allerton, the valuable and helpful work of whom the members of the Alumnae Association duly and warmly appreciate. Other routine business being transacted, the meeting was addressed by Bishop Huntington, who always finds something helpful to say, and never fails when speaking to nurses to make them feel his deep sympathy in their work and his personal affection for them. Miss Erskine followed with some delightful songs. After serving refreshments the meeting adjourned.

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NEW YORK.—The Association of Graduate Nurses in Manhattan and Bronx will hold its meetings this year at the League for Political Education, 23 West Forty-fourth Street, New York City. The regular meeting, to which all its members are invited, is held during the afternoon of the second Monday in each month, usually from four to six o'clock, as it was considered that nurses on private duty could more easily attend meetings held at these hours. At the October meeting discussion ensued as to plans for educational work, probably in the form of lectures, and for some social life among the members of the association. A committee was appointed to consider ways and means of attaining some satisfactory result along both these lines, Miss Daniels, chairman, to choose her associates. Eighteen new members were admitted into the association, and seven applications were received to be voted upon at the next meeting. It is requested that members send any change in address to the secretary, Miss A. S. Bussell, 41 East Seventieth Street, New York.

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CHICAGO, ILL.—The December meeting of the Alumnae Association of the Illinois Training-School was held on December 8, 1903, with an attendance of seventy-five. The evening was pleasantly spent, after a business meeting from half-past seven to eight o'clock, enjoying music, refreshments, etc. Arrangements have been completed and the purchase made of the five shares of stock in *THE AMERICAN JOURNAL OF NURSING* which were voted upon at the October meeting. Misses De Witt, Beaton, and Green were appointed a committee to draft a new constitution and by-laws, which have been made necessary by the incorporation of the society. It was decided to devote one-half hour at the next three regular meetings to the discussion of the old constitution and by-laws, and to call for suggestions from members in outlying districts, also to allow the committee until May to present their report. In the meantime the society will abide by its old constitution. The papers on the history of Indiana will be presented at the January meeting.

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PHILADELPHIA.—The regular monthly meeting of the Nurse Alumnae Association of the Woman's Hospital of Philadelphia was held by invitation of Dr. Seabrooke, superintendent, in the parlors of the hospital, on Wednesday, November 11, 1903, at three p.m. Miss Allen, president, called the meeting to order. Routine business was transacted, interspersed with interesting discussion. The censors approved for membership Miss Jeannette Byers, Civil Hospital, Santiago, Cuba. A letter from Miss Anna B. Cook, one of the members, head nurse in Dr. Howard Kelly's private hospital, Baltimore, Md., was read. Also a letter from Miss Sara Rudden, president of the University Hospital Alumnae Association,

Philadelphia. A Committee on Arrangements and Reception for a tea in honor of the graduating class was appointed. Miss Allen will address the class at the commencement in December. There was a large attendance at this meeting, and the nurses were enthusiastically appreciative of Dr. Seabrooke's delightful hospitality. A social hour with tea and a visit through the hospital followed the business meeting.

PHILADELPHIA.—The regular monthly meeting of the Nurses' Alumnae Association of the Jewish Hospital was held in the lecture-room of the hospital on Tuesday afternoon, December 1. Eleven members were present. After routine business had been transacted the chairman of the Committee on Arrangements reported having secured the Walnut Street Theatre for a benefit performance on January 25, 26, 27, the play to be "Mrs. Wiggs of the Cabbage Patch." All members present took tickets to sell, and have shown considerable enthusiasm in the work. The proceeds of this benefit will go towards the endowment fund, which has just been started with twelve dollars in a savings bank. The problem of securing a charter for our training-school, State legislation, and the work of the Pennsylvania Society of Graduate Nurses took up the remainder of the hour, and after accepting an invitation from Miss Reiff, the night supervisor of the hospital, to meet her in the Nurses' Home at the close of the meeting, motion was made to adjourn.

NEW YORK.—A social meeting of Camp Roosevelt was held on December 7, at three P.M., at the club-room. The attendance was good, and one new member joining increased our roll-call to forty-five. Announcement was made of the illness of Miss Elizabeth Irwin, a member of the camp. Miss Irwin is at 2340 Seventh Avenue, and would be glad to see any of her friends who could call. A vote of thanks was given to Dr. McGee for her photograph, which she has sent to Camp Roosevelt. According to the decision of the camp at the last meeting that only four business meetings should be held during the year, the alternate Mondays being devoted to social affairs, the meeting on January 4, at three P.M., will have as its chief feature "a grab-bag." The members are asked to contribute as many articles as they can, sending them to Miss Haltern, 155 East Eighty-third Street. Many important matters will be discussed at this meeting and a large attendance is asked for. A comrades' greeting from Camp Roosevelt for a happy and prosperous New Year.

NEW YORK.—The meeting called for the discussion of the advisability of forming a nurses' society of the county of New York, and held at the New York Hospital on Monday, December 8, 1903, was attended by delegates from most of the nurses' associations in this city. Miss Thornton was elected to the chair pro tem, and Miss McKechnie to the office of clerk pro tem. After a free discussion as to the need for such an organization it was shown to be the sense of the meeting that a county society of nurses should now be formed. A motion was offered and carried that a committee of five, Miss Thornton being named as one member, with power to choose her associates, draft a constitution and by-laws for a society of the nurses of the county of New York, this committee to report at an adjourned meeting. Miss Delano tendered the hospitality of Bellevue for the adjourned meeting—accepted. A motion was offered and carried that the meeting be called for the third Monday of January, at eight o'clock in the evening.

COLUMBUS, O.—At a meeting of graduate nurses held February 19, 1902, the Graduate Nurses' Association of Columbus, O., was organized with forty-seven charter members. The meetings, which were to be held every three months, were not well attended, and little was accomplished the first year. At the annual meeting in March, 1903, it was decided to have the meetings held monthly, omitting July and August. Committees have been appointed to take charge of each meeting with selected subjects for discussion. A Nurses' Home is under consideration and a number of new names have been added to the list of members. By invitation the December meeting was held at the residence of Mrs. Bazler, on East Town Street, where, after a short business session with Miss E. Doe in the chair in the absence of the president, a social time was enjoyed by all present. Adjourned to meet at the residence of Miss Elizabeth Allen January 5, 1904.

PHILADELPHIA.—The regular monthly meeting of the Alumnae of the University Hospital was held on Monday, December 7, 1903, at three P.M., and was called to order by the president, Miss Rudden. The "Endowed Room Fund" now amounts to two thousand one hundred and thirty-one dollars and thirty-two cents, not yet half the necessary amount. The committee to raise funds for this object reported through Miss Giberson that no requests would be made until after the Christmas holidays. The following committee was appointed to interview Miss Smith and the hospital chiefs regarding a Registering Board for Nurses to be kept at University Hospital: Miss Dunn, chairman; Miss Giberson, and Miss Damm. The president reminded the members that copies of the "Third International Congress" were yet on hand, to be disposed of at one dollar each. Miss Mary Stocksdales was admitted into membership in the association.

NEW YORK.—At the annual meeting of the Alumnae of the Roosevelt Hospital, held November 5, 1903, the following officers were elected for the ensuing year: President, Miss Julia M. Browne, 65 West One-Hundred-and-Fourth Street; vice-president, Miss Jessie B. Downing; secretary, Miss Grace M. Rundell, Roosevelt Hospital; treasurer, Miss Mayme Francis. General interest was displayed in a report from Miss Sheriff on the development and work of the Stony Wold Sanatorium for tuberculous women and children at Kashaqua, in the Adirondacks. Miss Sheriff followed Miss Gibbs, who was the first of our alumnae to volunteer her services in assisting Mrs. Newcomb, the president of the Stony Wold corporation. Both of these nurses devoted a month to the work at Kashaqua. The meeting also gave a practical expression of its interest by an appropriation of twenty-five dollars.

NEW YORK.—The Alumnae Association of the New York City Training-School held its regular monthly meeting on Tuesday, December 8, 1903, at the Academy of Medicine, 17 West Forty-third Street. The usual routine of business was transacted. Dr. William M. Bell gave a very interesting lecture on his three-years' experience in the Philippines. Officers elected for the coming year are as follows: President, Miss J. A. Silver; first vice-president, Mrs. H. F. Porter Ingersoll; second vice-president, Miss J. L. Simmons; recording secretary, Miss G. Forman; corresponding secretary, Mrs. J. M. Syron; financial secretary, Mrs. C. Stevenson; treasurer, Miss M. C. Drew; trustees—Miss H. Sheehan, Miss Le Febvre, and Mrs. W. J. Mitchell. The meeting adjourned to the banquet-hall for the usual cup of tea.



**BROOKLYN.**—The regular meeting of the Alumnae Association of the Training-School for Nurses of the Long Island College Hospital was held on Tuesday, December 8, 1903. It was announced by the president, Miss Davids, that the association was now incorporated. The new constitution and by-laws were unanimously adopted. After the discussion of some further business the meeting adjourned. A paper on "Modern Surgery" was then given by Dr. Francis William Campbell, showing how the advances of surgery called for the very highest intelligence and efficiency of the trained nurse. The paper was deeply interesting throughout and full of inspiration for nurses, by all of whom it was very highly appreciated.

**BROOKLYN.**—The regular monthly meeting of the Brooklyn Hospital Alumnae Association was held on Tuesday afternoon, December 1. There were thirty members present. All graduates of the school will be pleased to know that the Ladies' Auxiliary of the Brooklyn Hospital Training-School unanimously decided at their last meeting that graduates could return to the hospital for a post-graduate course without the payment of five dollars per week as heretofore. The treasurer of the Fair Committee reported that a little over six hundred and thirty-nine dollars had been cleared at the fair which was held on November 19 and 20. The meeting was then adjourned.

**BROOKLYN, N. Y.**—The Graduate Nurses' Association, County of Kings, has arranged a course of twelve lectures to be given at the Cumberland Street Hospital. These lectures will begin the second Tuesday in January, to be continued for twelve succeeding Tuesdays, beginning at three-thirty P.M. *Subjects.*—Four drills in parliamentary procedure by Mrs. Priscilla D. Hackstaff; four lectures on "Child Culture" by Mara Pratt Chadwick, M.D.; four talks on "Travel and Other Countries." At a meeting of the association, held December 3, 1903, it was voted that the lectures be open to all members of alumnae associations and nurses of Brooklyn.

**BROOKLYN.**—The annual meeting of the Brooklyn Homœopathic Alumnae was held on November 4, 1903, at 1 MacDougal Street. The officers for the coming year are: President, Miss E. S. Park, 363 Grand Avenue; vice-president, Miss S. Parker, 216 Adelphi Street; secretary, Miss Clara Moore, 300 State Street; treasurer, Miss Moulton, 315 Clinton Street. It was with deep regret that the alumnae learned of the death of Miss Charlotte Parton, of the Class of 1890, which took place at her home in Morristown, N. J., November 18, 1903.

**NEW BEDFORD, MASS.**—The Alumnae Association of the St. Luke's Hospital Training-School for Nurses held its regular monthly meeting on Monday, November 2, at the home of the president of the organization. Eleven nurses were present. Miss C. D. Noyes, superintendent of the hospital, gave an interesting talk on the benefits of State registration, etc. It was decided that a new nurses' pin be adopted by the association, and a committee was appointed to select the design. The meeting adjourned at five P.M., after which tea was served.

**BALTIMORE.**—The regular meeting of the University of Maryland Nurses' Alumnae was held at the University of Maryland Hospital on December 7, 1903, at three P.M., the object of the meeting being the election of officers for 1904,

which resulted as follows: President, Miss Nannie Lackland; first vice-president, Miss Grace L. Anderson; second vice-president, Miss Lida Rolph; secretary, Miss Eleanor Mayes; treasurer, Miss Nannie Kinnier.

YONKERS, N. Y.—A regular meeting of the Nurses' Alumnae of St. John's Hospital was held on December 16, 1903, in the nurses' temporary home, 183 Palisade Avenue. At this meeting, which was very well attended, one new member was elected and the names of several applicants were announced. Several very interesting papers were read, and after the meeting refreshments were served by the superintendent.

CEDAR RAPIDS, IA.—The graduates of St. Luke's Hospital, Cedar Rapids, Ia., met at the hospital on December 11, 1903, and organized an Alumnae Association. Mrs. Cyrus Metcalf was elected president. Miss Sallie Van Metre, formerly superintendent and a graduate of St. Luke's, was appointed delegate to the State Nurses' Association, which meets in January, 1904, at Des Moines, Ia.

NEW YORK.—New officers elected at the annual meeting of the Alumnae of St. Luke's Hospital, held November 3, 1903, were as follows: President, Miss M. K. Smith; first vice-president, Miss I. L. Evans; second vice-president, Miss R. Toapet; treasurer, Miss C. B. McMiller; secretary, Miss M. A. Sutherland; assistant secretary, Miss K. Lough.

PHILADELPHIA.—In the absence of a quorum, the Philadelphia County Nurses' Association held no meeting on Wednesday, December 9, 1903. Mrs. Watmough, who had been invited to come to this meeting to tell the association something of the work of the Consumers' League, talked informally to the members present while tea was served.

NEW YORK.—The nurses of the Fifty-seventh Street registry held a reception at the registry, 408 West Fifty-seventh Street, on Thursday, November 12, 1903. About one hundred nurses were present. A musical programme was furnished and refreshments served. An enjoyable evening was spent by all present.

PHILADELPHIA.—The Woman's Hospital Alumnae held its regular meeting at 1227 Arch Street on December 9, 1903. There was a large attendance of visitors and members, and after the necessary business was transacted the time was devoted to the entertainment of the Class of 1903.

BROOKLYN.—A regular meeting of the Alumnae Association of the Training-School for Nurses of St. John's Hospital, Brooklyn, N. Y., was held in the hospital lecture-room, November 10, 1903, at eight p.m.

#### MARRIED

ON Wednesday, December 9, 1903, at the residence of Mr. David Caldwell, 187 Beverley Street, Toronto, by the Rev. H. A. Macpherson, Mary, youngest daughter of the late George Williamson, of Hagersville, Ont., to Mr. J. A. Martin, B.A., all of Toronto. Miss Williamson is a graduate of the Toronto General Hospital School for Nurses, Class of 1896.

ON December 3, 1903, at Toronto, Miss Elena M. M. Eyres, of the Class of 1900, Toronto General Hospital Training-School for Nurses, to Rev. Campbell Hamilton Monro, M.D. Mr. and Mrs. Monro will be at home at The Manse, Ethelbert, Man., after January 15.

AT Renfrew, Ont., on Wednesday, November 25, 1903, Edith Louise, eldest daughter of M. H. Dent, Esq., of Merchants' Bank, Renfrew, to Charles McCrea, barrister, Sudbury. Miss Dent graduated from the Toronto General Hospital School for Nurses in 1901.

ON December 2, 1903, at Uxbridge, Ont., Miss Adda N. Gould, of the Class of 1899, Toronto General Hospital Training-School for Nurses, to Mr. Donald H. Douglas. Mr. and Mrs. Douglas will be at home in Chatham, Ont., after February 1.

ON November 2, 1903, at Jacksonville, Fla., Miss Effie E. Warner, a graduate of the Lakeside Hospital Training-School of Chicago, to Mr. Raymond C. Sanford. Mr. and Mrs. Sanford are at home in Quincy, Fla.

ON November 25, 1903, Miss Sara C. Smith, of the Class of 1903, Toronto General Hospital School for Nurses, to Mr. Frank A. Pickersgill. Both are of Port Rowan, Canada.

CARRIE V. H. PEARSON, of the Class of 1892, Toronto General Hospital School for Nurses, was married to Mr. Harvey E. Johnson in New Westminster, B. C., on October 6, 1903.

IN Manila, Miss Anna E. Lee, of the Class of 1892, University of Maryland, to Mr. Frederick Lavenskiold, formerly of Texas.



MERCURY is known as the only metallic substance which is liquid at the ordinary temperature and atmospheric pressure.

Radium, polonium, actinium, and thorium—these are the remarkable elements recently discovered which give off light the moment they are separated from surrounding substances.

The evolution of heat and light from radium goes on constantly for indefinite periods, but leaves the radium at the end of months of activity as potent as at the beginning. The problem to be solved now is *how* radium *can* constantly throw off heat and light without combustion or chemical change.—*United States Mining Journal*.

TO MEND RUBBER GLOVES.—1. Clean glove carefully with gasoline or benzine. 2. Rub the part to be patched lightly with fine sand- or emery-paper. 3. Apply a thin layer of rubber-cement around the hole, also on patch, and let this become almost dry. 4. Apply cement once more to both patch and glove, and when about to harden bring both surfaces together, and press firmly until dry. If these directions are followed, rubber goods will stand sterilization after being mended.

## FOREIGN DEPARTMENT

IN CHARGE OF  
LAVINIA L. DOCK



### THE NURSING MOVEMENT IN GERMANY

A SHORT time ago we gave some extracts from a paper by Agnes Karll, showing the new tendency of German nurses to become independent of their training-schools and to organize among themselves as American nurses have done.

That Agnes Karll is a woman of fine and strong character and serious purpose is evident from her writings. But in an article called "Nursing Associations Contrasted with Free Nursing Unions," by Clementine von Wallmenich, the head of a notable Red Cross motherhouse in Munich, it may be seen how a nurse and woman of equally fine and lovely character and of equal earnestness views the situation from an exactly opposite standpoint.

Fräulein von Wallmenich, while a conservative by birth and training, is by nature liberal and progressive, as is shown by the innovations she has introduced into her own school. But she belongs to the aristocracy, who look with deep distrust on independence for women, and who feel absolute horror at the thought of doing work *for money*. As a sister, as a voluntary deed of kindness, one may do any kind of service, but not for money. Her article, of which space will only allow us to give an outline, is an ardent plea for and defence of the various nurse-training associations, especially that of the Red Cross, but it is evidently a plea for a lost cause, for German nurses must inevitably free themselves from the life-long bondage in which they are held by the motherhouses, and her own open-mindedness makes one feel that she may some day admit that a self-controlled independence may be compatible with true womanly and nursing ideals.

Beginning with a sketch of the development of nursing and the rise of "free" ideas, she claims that good and reliable nursing service can only be the exception outside of carefully controlled associations on account of the peculiar demands of nursing and its combination of lowly, almost menial, services with those of most delicate and difficult character—its strain upon the moral qualities of the nurse and the various dangers to which she is exposed. She mentions the nursing of men, and says, "In the truly frightful discussions which have lately taken place on the nursing of men patients in private duty it has been shown what serious abuses may exist." She discusses the temptation to extravagance of the private-duty nurse; her tendency to become indifferent and to lose her finer sensibilities; the danger that she may become overbearing and tyrannical unless carefully restrained by a guiding authority. She then says of money: "There is nothing more painful, more humiliating, than to bargain and fix prices where one should only go—with a heart full of self-sacrificing love—to serve. It need not be said what mortifying circumstances the independent nurse meets, even among the rich, and with those of small means it is unendurable to ask pay-

ment when through illness the income has shrunk. In the eyes of the public the work of the sister should be freely given."

She then mentions the anxiety of the "free" nurse in seeking work, and says, "Those who want to earn much must submit to the frightfully exacting claims of hysterical millionaires—odious tormenters—because 'they pay well.'"

She describes the difficulties of union among the "free" nurses; of maintaining central homes and registries; the dissensions and demoralization of the weaker members. She then relates how, cognizant of this disorder, the stronger members, with the support of the German National Council of Women, have lately addressed a memorial to the Minister of Education asking for State control and examinations with testimonial. This seems to her a costly and cumbersome apparatus with little result, for she asks: "How can examinations into moral qualities be carried on, and how can their continuance be certified? Each nurse would have to be under surveillance of the police, for a more fitting oversight would be impossible through its cost."

Although teachers pass a government examination, she thinks nursing quite different. (It is really not different, for teachers should have the same moral qualities as nurses, and they also find opportunities for becoming demoralized if they are not the right kind.) She thinks that in order to show testimonials of any value each nurse would have to have a book similar to those now used for servants, in which, under police supervision, all their working time is accounted for and certificates of character entered. Now it seems that the Council of Women, fully aware of all these difficulties, has made the following clause part of its petition, "that the State should admit to its examinations such training-schools only as could give a guarantee of thorough and equal education to all its nurses, and ample provision for their future," and of this request *Fräulein von Wallmenich* heartily approves. She believes that State supervision and regulation of training-schools for nurses is just as necessary as it is for the hospitals, and all hospitals in Germany are inspected and regulated by the State. Not only does she hold this reform to be feasible and desirable, but she has herself, in a previously written article, urged it upon the State authorities, as she admits that many training-schools are deficient in these respects.

[We will pause here one moment to point out, especially to our English critics, that this conceded point is the real and vital point that we are all contending for. If the State would demand, and secure, a certain acceptable standard of education as the minimum, we would all immediately be satisfied. It is the education we want protected. The moral certificates must come from our organizations.]

The many charges brought against the training-schools of unjustifiable repression of the nurses, of despotism, of overwork and penury, are discussed by her with warmth and ardor, yet too much of it all seems to be true. It seems that the strictly religious orders, the Catholic and Deaconesses', are the original sinners in the matter of overwork. She admits that nurses in German hospitals are heavily overburdened (fourteen hours' work is the custom), but says significantly, "If we, only, expected less of our nurses than has hitherto been expected, we would be unable to compete with the Deaconesses' and Catholic nursing orders." As it is, the payment received by the motherhouses for the services of nurses is not high. "We receive from private hospitals thirty-five marks (a mark equals twenty-four cents), from city hospitals thirty marks, for district nursing fifteen marks payment." (This means, probably, by the month.)

Let us pause here again to remark that since, then, it seems that, after all,

the nursing service *does* come down to a matter of dollars and cents, and as it is shown that nurses, regarded practically as slaves, are hired out to every kind of institution for fourteen to sixteen hours' hard work a day, for a meagre price of which in turn they receive only a bare pittance, it is certainly time for the nurses of Germany to revolt. She compares the religious motherhouses with an absolute monarchy, the "free" nurses with an attempted republic, and the Red Cross training-schools with a constitutional monarchy.

Her account of the new regulations which she has had introduced into the management of the Bavarian motherhouse shows that she is progressive. First, as to recreation and freedom: "The sisters remain in close relation with their own families—are not required to give up family life. They do not live communistically—if they have private means they retain and enjoy them; they can furnish their rooms individually, and, if study is not neglected and if they have proved themselves reliable, their visits, letters, and reading-matter are not supervised; they may attend concerts, theatre, exhibitions, lectures."

Further, in the future the nurses are to be represented on the Managing Board. "The 'Council of Nurses' (Schwesternrat) is composed of ten sisters, one of whom shall be the Oberin (matron). It has some influence in every detail of training-school work, discipline, dismissals, pensions. In the annual meeting it presents suggestions, opinions, and observations in an orderly way. The members of this council are elected every three years by all the sisters of the association in secret ballot conducted by the managers.

"Once a year at least the council meets the managers to discuss the affairs of the association and to receive reports from the Oberin and head sisters." Then, further, the advanced course for preparing able sisters to take charge of hospitals and motherhouses is the work of Fräulein von Wallmenich.

The training-schools of Germany demand a deposit from their pupils equal to the cost of their tuition. If the pupil leave arbitrarily before her time of service has expired, this is forfeited. This seems only fair, for in no other profession do pupils get their training free, as in nursing. The time of training is fixed at one year, after which they promise to give two years of service. This service must also benefit themselves, as a one-year training is very insufficient.

The latter part of Fräulein von Wallmenich's paper, in which she describes the whole-souled devotion with which the matron must give herself to her work and to her nurses, is the best refutation of the unfair criticisms which are often launched against training-school superintendents by unthinking nurses. The whole paper is most interesting, and throws much light upon the internal affairs of German schools of nursing.

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#### LETTERS

It so happened that in going down through the Rhine country and Southern Germany we saw a good deal of the work of the deaconesses under various conditions. And there can be no question that, as workers, they deserve all praise, and that, as persons to meet, they are admirable and lovable. In physique and muscle they seem so sturdy and strong—many of them with the shoulders and backs of field-workers, able to do the hard work of men. Their faces, without exception, as far as I have seen, are gentle and good, serene and kind. Their manner is most amiable; they meet one with a gentle kindness, and are ready to take any amount of trouble for visitors. While a certain proportion are well-



educated, many are apparently of limited education and know little or nothing outside of their work. Of nerves they evidently have none, and of critical requirements none, and of desire for change and new experience little.

They get up at five o'clock in the morning and take turns in doing all kinds of hard work besides the regular ward work. I have seen them hanging out clothes, scrubbing floors, washing ward linen, carrying wood and water, etc.,—besides keeping wards and patients clean, carrying out orders, doing night duty and special duty,—and go to bed after fourteen hours' work with, perhaps, a church service or some singing of hymns as their only relaxation. With all this they are patient and cheerful, and do good, conscientious nursing. The beds I saw under their charge were immaculately clean, the patients' finger-nails clean and trimmed, and surgical dressings neatly made, rolled and pinned, sterilized, and solutions and appliances all well kept. No wonder that women like these, each one able to do the work of three, are looked upon with covetous eyes by hospital managers! Add to this that they are satisfied with twenty-five cents a week pocket-money. I not long ago heard, in a charities conference at home, a medical man and philanthropist advocate the training of an order of women similar to these for district nursing in our American cities. His idea was that one such woman could stay with one patient at a time, nursing the sick person, doing the housework and cooking, dressing the children and seeing that they went to school, washing and ironing, marketing, and managing the finances of the father and wage-earner. Now these German deaconesses could do that just for their living expenses. But what man would do the work of three or four people for his keep only? To be sure, the wives and mothers of poor families do it, but should it become a universal custom? I doubt if the American self-supporting woman will take to it.

One of the most attractive spots I visited in charge of the deaconesses was at Rothenburg on the Tauber, in South Germany, that beautiful old walled town. The hospital, now called the Heilige Geist Spital, is very ancient. Long ago it had been founded as a stopping-place for pilgrims on their way to Jerusalem, afterwards opened to the poor and sick of all kinds, and enclosed in the city walls in 1280. On the grounds there are a church, the hospital proper, almshouses, offices, and granaries. A beautiful bit of architecture is the "Hegenreiters' Haus," where mounted watchmen were always on guard in the old days. The fine old vaulted cook-house is now used as a laundry, and the old baking and brewing buildings are now turned into extra wards for contagious cases. The wards are small, from three to eight beds each, with fine old beamed ceilings, deep window-seats, and each window filled with flowers. The floors were painted and were spotless. Beds made up entirely with white—no bedspreads were used, but only sheets over the blankets. The living-room for the sisters is a fine old room dating from 1565, and its details of doors, ceiling, and windows are so beautiful that there is almost always an artist or two there sketching. The hospital has new plumbing, kitchen ranges, telephone, etc., of which the sisters are immensely proud. They do all the cooking and kitchen work, with help of several maids. The deaconesses in this hospital come from the Augsburg mother-house, and we found the same order in charge at the "Marta Heim" in Nürnberg, where we lodged.

This is one of the places spoken of by Miss Lampe in her article some time ago, and we found it, indeed, as charming as she said. I had not quite understood, before, just what these homes were. It seems that there are different societies here, some Protestant and some Catholic, for the protection of young

girls coming from the country districts or going from one town to another to look for service or employment of various kinds. In all the railroad stations and in the third-class railway trains one sees the placards of these societies warning young women against dangers and advising them to ask for the addresses of the homes. They all have agents at the station. The Protestant have pink signs, the Catholic yellow and blue. They all maintain large establishments in the cities and do immense good, sheltering thousands of respectable girls and finding them positions. The charge made to the girls is from fifteen to twenty cents a day. Then these places nearly all take lodgers to help out with the expenses, and for women who travel in a modest way there are no pleasanter or more homelike stopping-places to be found—quiet, orderly, spotlessly clean, and of very moderate prices. They serve breakfast in one's room; supper, if one wishes it, also—just a simple supper. Dinner they do not always furnish; one must get that outside. It is not hard to find them, even without the "pink book." They are all called "Martha Haus" or Heim, or "Marien Haus," or "Mary-Martha" house or home, or "Vereinshaus." They are found all over Germany; there are some in Switzerland and several in Paris. Many of them are managed by the deaconesses, whose faithfulness cannot be overestimated. L. L. D.



THE following is taken from the *British Journal of Nursing*:

"Under the heading 'The Registration of Nurses,' two able letters appeared in the *British Medical Journal* of October 24 from Dr. Henry Langley Browne, president of the Birmingham and District General Practitioners' Union, West Bromwich, and Dr. Ernest W. Hey Groves, of Clifton. Dr. Browne takes exception to Mr. Sydney Holland's statement that 'when one takes the trouble to inquire into the causes of complaint against trained nurses it is comparatively seldom that ignorance of a nurse's technical duties is the source of the grievance,' and says:

"It has been constantly noted by members of the medical profession that 'ignorance of a nurse's technical duties' exists amongst many of those nurses who are sent out as fully trained, and it is for this reason that some supervision of the training-schools and some test of a nurse's capability is necessary, in the interests of the public, of the medical profession, and of the nurses themselves."

"Further Dr. Browne says:

"It is not very many years since nursing duties had to be undertaken by the medical attendant, and there is nothing which has done more to relieve the strain and worry of a doctor's life than the evolution of the trained nurse. Therefore the medical profession owes a great debt of gratitude to the nursing, and it could not be better paid than by supporting the nurses in their legitimate desire for State recognition and registration."

"Dr. Groves writes:

"It is outside London and in the rural districts that it is most common to meet the quite untrained nurse, and it is just in such out-of-the-way places where the nurse has to bear the most responsibility, as she is often at a distance from a medical man. I can speak most emphatically from my own experience of the help it would be if a State (or official) Register of Trained Nurses existed."

## CHANGES IN THE ARMY NURSE CORPS



### CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING DECEMBER 12, 1903.

CHAMBERLIN, ANNA B., now on duty at the General Hospital, Presidio, San Francisco, Cal., under orders to sail for the Philippines on January 1, 1904, for duty in that division.

Hall, Mrs. Mary B., transferred from the General Hospital, Presidio, San Francisco, Cal., to duty at the General Hospital, Fort Bayard, N. M.

Hally, Mary C., transferred from the General Hospital, Presidio, San Francisco, Cal., to duty in the Philippines. Sailed on the transport Logan December 1, 1903.

Hunt, Helen Grant, on duty at the General Hospital, Presidio, San Francisco, Cal., under orders to sail for the Philippines on January 1, 1904, for duty in that division.

Mann, Mrs. Emilyn P., arrived in New York on the Sumner from the Philippines via the Suez; on leave of absence; after leave will be assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

Smith, Stella, formerly on duty at the General Hospital, Fort Bayard, N. M., discharged.

Wilson, Sibbie, transferred from the General Hospital, Presidio, San Francisco, Cal., to duty at the General Hospital, Fort Bayard, N. M.

Winslow, Minnie A., reappointed and assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

### NEW ARMY REGULATIONS

UNDER date of November 16, 1903, the War Department has issued new orders governing the Nurse Corps, with some changes that are of interest. We publish the section in which the most important change has been made:

#### "APPOINTMENT AND DISCHARGE.

"4. The appointments and discharges of nurses shall be made by the Surgeon-General with the approval of the Secretary of War.

"(a) Nurses may be discharged from the service (1) at any time when their services are no longer needed, (2) on account of illness, and (3) for misconduct. Recommendation for the discharge of a nurse on account of misconduct will be submitted to the Surgeon-General with a report of the facts after a careful investigation, of which she shall have due notice and at which she shall have a fair opportunity to be heard in her own defence, and when so discharged the endorsement on the appointment indicating discharge, as provided in paragraph 4 (d) of this order, will state "for misconduct" and the word "honorably" will be omitted.

"(b) A nurse requesting discharge before the expiration of the three years

stipulated in her appointment will ordinarily be required to refund to the Government the amount of her transportation and necessary expenses incurred in obeying her first order. The amount of such reimbursement will be fixed by the Quartermaster-General and payment in accordance therewith will be made to the nearest quartermaster. Requests for discharge must be made to the Surgeon-General and the reasons therefor must be given, supported by a full statement of the facts in the case. An official copy of the order directing her first journey at Government expense must be inclosed. *A nurse discharged under this paragraph will not be given orders to proceed to her home.*

"The Surgeon-General may at his discretion waive the provisions of this paragraph.

"(c) The following form will be used in making appointments of nurses to the Army Nurse Corps:

" ' ARMY NURSE CORPS,

" ' WAR DEPARTMENT,

" ' SURGEON-GENERAL'S OFFICE,

" ' WASHINGTON..... 190..

" ' With the approval of the Secretary of War....., of....., is hereby appointed nurse in the Nurse Corps (female) for (at least) three years, unless sooner discharged, to date from ..... 190.., and will enter upon her duties after taking the oath prescribed by section 1757 of the Revised Statutes of the United States.

" ' Surgeon-General, U.S. Army."

"(d) Upon honorable discharge from service the following indorsement will be placed on the appointment of the nurse:

" "..... 190..

" " With the approval of the Secretary of War, honorably discharged from the Army Nurse Corps..... 190..

" "....., U. S. Army."

"The authority directing her discharge will be quoted."

It is the desire of the Surgeon-General to have the rules governing the Nurse Corps conform as closely as possible to the rules governing the other branches of the service, and during the five years' existence of the Army Nurse Corps there have been many instances where it was felt that the right given in the regulations to *request* discharge reacted disadvantageously to the best interests of the service.

Note that Section b of this same paragraph is entirely new. That this may work no hardship upon those who are forced to request discharge, the closing sentence has been added, leaving it discretionary with the Surgeon-General to enforce or not the penalties of the paragraph.

In the form of the appointment the words "at least" have been inserted before "three years." This was done to obviate the necessity of reappointing nurses at the termination of three years for another term of three years. It was felt that having given meritorious service for that length of time it was desirable to leave it an open question with them as to how much longer they would serve, not forcing them to accept another appointment for another term of three years. Many might feel disinclined to commit themselves to this who would, if the question were not brought to a decision, continue to serve indefinitely.

## LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: The housing of nurses and the management of directories in New York City is at this time a problem puzzling the brains of many nurses. Small registries or so-called nurses' homes crop up in every direction, the principal motive on the part of those in charge being, naturally, to get as much money out of the nurses as possible, without regard to the maintaining of any standards. Any so-called nurse who will pay the desired amount per month is admitted in order to keep the house full.

The modus operandi seems to be as follows: to crowd at least four nurses into a room scarcely large enough for three, and keep said rooms indifferently clean; in some cases to have two nurses paying for one bed on the plea that nurses are often out; to charge extra for gas, as though one were expected to sit in the dark. If a graduate nurse runs the place, she frequently uses her privilege by taking calls while there are nurses sitting idle, or she goes out and leaves the "phone" in care of a maid. Naturally, the result is dissatisfaction.

That there are quite a number of women in New York making a comfortable living out of nurses cannot be denied, and proves that from a business standpoint there is money in a registry. The commission question is one upon which there is a great difference of opinion. Some registries charge a fee of twenty dollars, with no extras; others, with an annual fee of five dollars or ten dollars, charge a commission of five per cent. or ten per cent. upon all cases received through the registry. This is a matter of business which nurses may accept or reject. It should be remembered, however, that after paying the fee equivalents are not always obtained. The ordinary intelligence office, Young Women's Christian Associations, and various kinds of coöperative bureaus find it to their advantage to include trained nurses among the various classes of women seeking employment through these agencies.

Nurses have put up with these existing conditions because they have not yet become sufficiently organized and as units have been powerless to overcome them.

If, as we are told, there are eight thousand nurses in New York City alone, surely they can, if they will, do something to aid their own cause. If it is desired to keep out the undesirable element, it can be done only by united action. The United States would not be the wonderful country it is to-day if all the States had not acted as a unit for the common good. If registries are not what might be desired, the remedy is for nurses themselves to devise some other plan.

The suggestion made in the JOURNAL in the last number that there shall be a central directory, managed by nurses for nurses, and that there shall be a nurses' hotel after the plan of the "Martha Washington," must appeal very strongly to a large body of nurses in New York. Such a plan, under the management of a disinterested Board of Directors, would certainly bring a much-needed reform. If there are other suggestions, let nurses give voice to them, and by free and open discussion the cause will be greatly aided.

M. A. MOORE.

DEAR EDITOR: I am still a very young superintendent of nurses, having occupied my present position for only two months. I often wish the JOURNAL would give some hints to nurses as to the best methods of government and the best ways to interest nurses in their work and studies. Materia medica I find to be a very uninteresting study with my nurses. It was never taught in class before I came here, so I decided a couple of weeks ago to take up one or two drugs which were being given on each floor and speak of the particular patients to whom the drug was being administered and how those patients were progressing under the treatment. I have also adopted Miss McIsaac's plan of having demonstrations of practical ward work for the younger nurses once every week. This was, I believe, tried long ago in the Toronto General—whether it originated there or not I could not say. To my senior nurses I give something on the ethics of nursing once a week after class. Sometimes it is only the reading of an article, such as that on "Self-Discipline," published in the JOURNAL a few months ago. I am very anxious to receive some suggestions from older superintendents, and would be glad if it could be through the pages of the JOURNAL. E. H. S.

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]



ACTION OF THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.—At the twenty-ninth annual session of the Mississippi Valley Medical Association, held at Memphis, October 7 to 9, 1903, the following resolutions were adopted:

"In view of the fact that more than four hundred deaths from tetanus occurred following the Fourth-of-July celebration of 1903, as shown by the statistical report elaborated by Dr. S. C. Stanton, of Chicago, and published in the *Journal of the American Medical Association* of August 29, 1903, the great majority of which might have been prevented had proper precautions been taken: therefore be it

"Resolved, That the conclusions which follow, as offered by Dr. Stanton in a paper presented before the association at the above meeting, be endorsed as the sense of the association; and further be it

"Resolved, That the secretary be instructed to forward a copy of these resolutions and conclusions to the Medical Press, Associated Press, and the secretaries of the several State Medical Societies, with the request that they publish same and take suitable action thereon.

"1. Enforcement of existing laws regarding the sale of toy pistols and other dangerous toys.

"2. Enactment of laws by the nation, States, and municipalities prohibiting the manufacture and sale of toy pistols, blank cartridges, dynamite canes and caps, cannon crackers, etc.

"3. Open treatment of all wounds, however insignificant, in which from the nature or environment there is any risk of tetanus.

"4. Immediate use of tetanus antitoxin in all cases of Fourth-of-July wounds, or wounds received in barn-yards, gardens, or other places where tetanus infection is likely to occur.

"5. As a forlorn hope, the injection of tetanus antitoxin after tetanus symptoms have appeared."



## EDITOR'S MISCELLANY



### A PLEA FOR ALUMNÆ OFFICERS

A GREATER number of years than I care to recall as a member of our own association and an observer of many others has confirmed a suspicion which originated in my mind a decade ago when an officer.

We have a flourishing society with a large membership, a vital interest, good financial standing, and have had our vanity stimulated by much flattering speech and requests for advice from younger societies, until most of us plume our feathers and take credit to ourselves in the thought that it is something to be very proud of. All this is true, very true, but there are further truths which will bear some thought.

First, we might remember that the object of the society is mutual help, professional, financial, and personal. At the very beginning of the organization the first battle to fight was between a small faction which insisted upon the professional aids being given equal prominence with the financial, and the much larger faction which was either strongly in favor of only the financial aids or were too indifferent to give themselves the trouble of forming an opinion, and waited for the success of one side or the other to decide for them.

Time surely seems to have decided in favor of the small number who fought strongly for what seemed to them the vital point of our existence as an association. The battle begun then has never ceased. Every year it rages, often unseen; waged on one side by the few workers who consent to sacrifice time, recreation, rest, and peace of mind and body that this vital spark may be kept alive, and these, with an equally small number of the faithful sympathizers, are arrayed against the number who after paying their dues feel that their duty is done except to supply an abundance of criticism, too often unjust and nearly always irresponsible, of the *few who are doing our work*. I repeat emphatically, and wish it might be printed in red letters, the *few who are doing our work*. Are these few, or have they ever been, exempt from paying their dues too? Have they ever been women of leisure? What return have the rank and file of us ever given them but scant courtesy and scanted thanks? I have seen a letter from a member who wrote of the delay and annoyance she had experienced by a mislaid letter to the society in which she expressed herself so caustically of an overworked officer that it was an insult. Knowing the circumstances, I could not help contrasting the two individuals, one giving every spare minute from a busy life to the society, at the same time enduring endless annoyance without complaint, and the other, as far as I can learn, has never lifted a finger to do any work for the society, but cannot endure one annoyance but she must needs heap indignity upon the head of the offender. When we pay our officers for their work we may have the right to regulate them, but so long as we demand that such service and such self-denial shall be given gratuitously, we had better spend our time giving thanks that Providence has given us a *faithful few to do our work without money or without price*.

We do not mean to do harm, but most of us offend through sheer thought-

lessness, thus making office-holding so unappreciated and thankless a task that we must fairly go on our knees to beg members to serve.

We are just beginning a new year, with many new officers, and I believe that new leaves turned the first of November are quite as good as if postponed to January first. As an older woman, an older nurse, and one of the oldest members, I beg your help, your consideration, and your sympathy for the few who are doing our work.

ISABEL McISAAC, '88.

—*Illinois Alumnae Journal*.

DR. E. J. LEDERLE, Commissioner of Health in New York City, gave a talk on medical school inspection in Philadelphia on December 3. Dr. Lederle was followed by Miss Lina L. Rogers on "School Nursing." A large audience attended, among whom were Mayor Weaver, Dr. Martin, Commissioner of Health and Charities, and many others. They expressed much interest in the work, and hoped to establish the system in their own city.

MISS STANLEY, of the Visiting Nurses' Society, Philadelphia, has begun work in one of the schools in that city. The work is being very satisfactorily carried on, and it is hoped before long to have a staff of twenty nurses. As only one school has been given to make the test in, a great deal of time can be given to those needing care. The supplies are furnished by the Visiting Nurse Society, as well as the services of the nurse.

THE BERLIN CONGRESS.—Will our readers note that the International Congress of Women (as apart from the business meetings) will open in Berlin on Monday, June 13 next, and will last throughout the week, closing on Saturday, June 18, so that those who intend to be present should make arrangements accordingly?

The Quinquennial Meeting of the International Council of Nurses will be held on one day during the same week to enable the members to attend to their own business and, at the same time, take part in the instructive and social gatherings arranged in connection with the International Congress of Women, organized by the German National Council.

It is hoped that the nurses from the various countries will find time to meet together round the festive board at a banquet, where, no doubt, they will be inspired to the exchange of compliments of a delicate and flattering order, which will revive the memories of that most animated gathering arranged by the Matrons' Council at the last international meeting in London in 1899.

The official report of recent meetings, and the proposed programme for the meeting of the International Council of Nurses at Berlin, will be published in our next issue.

Miss Mollett, matron of the Royal South Hants and Southampton Hospital, is kindly interesting herself in the details of travel, board, residence, etc., for nurses and their friends who would like to make up a party of twenty to attend the Congress in Berlin, so that all communications on this matter should be addressed to her.—*British Journal of Nursing*.

Miss Mary E. Thornton is preparing to conduct a party of nurses from the United States. Her address is 120 East Thirty-first Street, New York City.

## EDITORIAL COMMENT



### WHO ARE THE WORKERS?

MISS McISAAC's little sermon to the members of her own alumnae, which we print in the "Miscellany" of this number, is the best bit of advice to grumblers that we have seen in a long time.

We want to be understood as indorsing most emphatically every word Miss McIsaac has said, and we would like to offer, as a New Year's suggestion, this advice to these same grumblers. Suppose by way of a change we all try the experiment of commending rather than condemning? It is a poor kind of philanthropist who always tears down, but who never reconstructs. If, for reasons adequate or not, we are not doing the work ourselves, let us try the policy of saying our little word of gratitude to those who are carrying the burden, even if they don't seem to us to be doing so very well. Perhaps they lack just the stimulus of our appreciation to carry them over the hard places. There is cold comfort in feeling that we are doing our duty, when no one else seems to care whether we are doing it or not.

The women who are doing all the hard work in our organizations are the busiest women we have. They are the women whose services are worth something, and who are never so hard pushed that they cannot manage to do one thing more.

We are coming to the conclusion that the women who "never have time" are either shirkers or incapable. However that may be, there is no reason why they should accept in silence, at the best, the effort of those who are doing the work, without some occasional expression of personal appreciation. A cold vote of thanks at the end of a long, hard public service is a heartless sort of thing, after all, while a cordial word from the rank and file sends a worker home with a glad heart. It is worth the experiment, and the new year is at hand.

### THE PENNSYLVANIA STATE MEETING

WE call the attention of Pennsylvania nurses to the official announcement of the State meeting to be held in Harrisburg on Wednesday and Thursday, January 27 and 28. It is of great importance that the nurses of the State should become personally acquainted and learn to work together before any attempt to secure legislation is made, and this can only be done by attending meeting and discussing the important features of the bill before it is presented. Each meeting stimulates a local interest both on the part of nurses and public, and serves as an educator. We understand that a very interesting programme is being arranged and that a large attendance is expected.

### NEW SOCIETIES

MARYLAND has organized a State association, with Miss M. A. Nutting as president and Miss S. J. Martin as secretary, and in the two-days' meeting held in Baltimore, of which the report is found upon another page, the essential

points in the formation of such a society were covered and a bill discussed and outlined.

Washington, in the District of Columbia, and Indiana have organized, Ohio will organize this month, a meeting having been called to be held in Cincinnati on January 27 and 28, Iowa is moving, and there are murmurings from a number of other States. In fact, registration is forging ahead in a manner most inspiring. 1903 was a great year; 1904 promises to be even greater.

#### THE WORK OF THE EXAMINERS

THE work of the nurse examiners is of a very tedious and laborious character. The curriculum and standing of every training-school applying for registration must be carefully investigated. This means looking over a lot of printed matter, often to find that no definite conclusion can be obtained without further and more definite information being asked for. Consequently many schools that may eventually be found to meet the requirements cannot be promptly reported.

All five members of the board in New York State are required to sign the certificates recommending the registration of both schools and individuals to the Board of Regents. The certificate recommending the registration of nurses reads as follows:

"\_\_\_\_\_, being well known to this board as meeting the professional requirements set forth in the sworn application herewith inclosed, is hereby unanimously recommended to the Regents as entitled to a certificate { without examination  
with examination in practical nursing  
with full examination }  
as a registered nurse (R. N.) pursuant to laws of 1903, ch. 293, § 206.

State Board of Nurse Examiners } [Signed] \_\_\_\_\_

This makes a careful examination of every applicant necessary, and where the nurse making the application and her three endorsers are unknown to all members of the board passing upon such papers will take much time.

The suggestion is made that nurses shall try to secure at least one endorser who is personally known to at least one member of the Board of Examiners. This will facilitate the work of the examiners, and prevent a disappointing delay for the nurses. For convenience the names of the examiners are published again:

Miss Annie Damer, 76 Huron Street, Buffalo; Miss Sophia F. Palmer, 149 Chestnut Street, Rochester; Miss J. E. Hitchcock, 265 Henry Street, New York; Mr. L. B. Sanford, 217 East Twenty-seventh Street, New York, and Miss Dorothea Macdonald, 90 Hewes Street, Brooklyn, N. Y.

#### PRELIMINARY TRAINING

ALTHOUGH agitation for State registration and preliminary training began in this country at about the same time, State registration has made greater progress than preliminary training. A few good schools have been established, proving the practical value of the idea, and those to be commended are unquestionably the ones that are an integral part of a regular hospital training-school,

but for economic reasons the system has not become universal, although there is a marked tendency towards a modification of the idea in many directions. The universal adoption of the preliminary idea means a complete revolution in the present system of the administration of hospitals, and there are many interests besides those of the nurses' education that must be taken into consideration.

THE EDUCATION OF THE NURSE.

At the celebration of the thirtieth anniversary of the establishment of the Training-School of the Massachusetts General Hospital in Boston on the evening of November 23, 1903, Miss M. E. P. Davis, in her remarks as the presiding officer of the occasion, referred to the subject of the education of nurses of the future in part as follows:

"The separation of the theoretical from the practical, by which the applicant is prepared to enter upon her duties intelligently as a probationer, and by which the hospital is relieved from the needless responsibility of teaching the theory at the time and place when all its energies should be devoted to the study and practice of nursing, is universally recognized by persons of advanced thought to be the only legitimate solution of the problem of the education of the nurse of the future.

"The hospital has had the controlling power, and naturally hesitates to relinquish it. Universities and technical schools, in looking about for new fields to conquer, are essaying to include the education of the nurse in their curricula. Medical men by reason of the interdependence of the two professions feel that they have the knowledge which confers the right to dictate, although Dr. Worcester has said that 'physicians look forward with hopeful anticipation to the time when they shall be relieved of much of this work by nurses who, having mastered both the science and the art of nursing, shall undertake *all* the teaching of their successors.'

"The time has now come when nurses should have a voice in fixing the standards and in controlling the methods of instruction in the proposed new order of things.

"They recognize the vital interests of the hospitals; they see where the universities and technical schools could be made most effective, economical, and valuable; and they appreciate the attitude of the medical men.

"What they hope to see accomplished is the union of all these interests and forces—in coöperation with nurses."

Before another thirty years shall have passed we believe such coöperation as Miss Davis suggests will have come about. The opposing forces, if there are any, will give way before the broader spirit.

Dr. Richard Cabot, in his address upon this occasion, dwelt at some length upon the comparative development of medicine and nursing, showing that nursing had progressed upon practically the same lines as the medical profession. He did not venture to predict the future of nursing, but if, as he showed it had in the past, the evolution of nursing is to continue to follow the evolution of medicine, the suggestion of a daring spirit that we shall eventually have our own nursing colleges, with our own hospitals attached, where nurses will be taught by nurses, is not such a wild dream after all. The younger women will live to see this accomplished.

Miss Richards's address, found in this number, loses much by being printed. Miss Richards reads so much between the lines, tells so many little stories, and

refers to so many interesting people and places, that her written pages give a most inadequate idea of what she has really said. One had the feeling in listening to her that almost everything had been done, and that we need only to go steadily on, each in our own small way, and everything would come out right.

#### THE EDUCATION OF THE PUBLIC.

But this very comfortable feeling is soon brought to an end. Our pride and our ideals come crashing down into the dust before such a letter as the following, which is an exact reproduction of one recently received by the superintendent of one of the largest training-schools in this country. In it is shown such ignorance of nursing standards, such a woful lack of appreciation of the meaning of true dignity, that one can only in wonder exclaim, "What type of nurse has educated this hospital board? Surely our work is only just beginning." The letter reads:

"Wanted within a few weeks a graduate nurse to superintend and manage a small hospital of about twenty beds.

"This nurse will be superintendent, matron, and head nurse, and will be expected to assume full control of the institution so far as overseeing everything is concerned.

"She should have some executive ability. Age twenty-five to thirty-two; height, five feet three inches to five feet six inches; weight, one hundred and eighteen to one hundred and forty-five pounds; fine personal appearance—neat and stylish; elegant form; well-developed, good-looking, dignified; pretty mouth and teeth; splendid health; elegant disposition; popular; good education; medium complexion; pretty eyes; first-class references. Applicants will please send recent photograph, which will be returned if desired. State whether single, married, or widow; where born and raised—city or country; salary expected.

"— HOSPITAL ASSOCIATION,

"Per ————"

\* \* \* \* \*

"Things went badly, did they?—nurses slow, bad blunders, nothing ready? Very sorry, doctor, but you know our superintendent is *great* on clothes, and she was kept at a fitting and then went to a hat sale, and—well, she simply couldn't get back in time. You know she does not care much for operations anyhow. Oh! you think the *wards* look badly too—beds untidy and patients uncomfortable? But, now, doctor, *did* you ever see such a figure? and *such* style? The solution? Well, that *was* rather bad, but don't say anything to her about it. Don't you remember how her pretty eyes filled with tears and her lovely lips trembled the day you spoke to her about the hot-water bottle burns? You say she lost her head the day that woman went into collapse? That may be, but she certainly was *very* dignified that time when the explosion of the sterilizer blew her cap off! You want to speak to her? Well, I'm sorry, doctor, but she's out driving, and she will not be in until late. You know she is *so* popular!"

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UNITY with courage is the watchword for 1904. May the new year bring success, and with success happiness to all who are working for the uplifting of nursing.



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